15/5/2010

INS. CASE OWNER: KHONG Lynn 68804892 | CC4/ASM20003238/ A pa3 | LKK: IDAC: 162111

ASSIGNMENT

Surveyor: LWP DOI: 5/3/2020 Date / Time : 26/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE ×

Insured Vehicle No. : SMP 4735Z Claim No. : S0M02H06

Name of Insured : DAVID WONG JOON YEONG Policy No. : P2337634

Insured Tel No. : HP: +65-92753360 Make / Model : MITSUBISHI

Excess Sec II :S$ D.O.A : 21/02/2020 11:00 Place of Accident : SUNTEC CITY TOWER 2

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBB 4406C → → →

INSRS:
WSP: SPEED AUTO WORKS
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBB 4406C - NA/CTI19015409/z4 ; 24/08/2019 SMP 4735Z - NA/CTI20003011/z4 ; 21/02/2020	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
21/05/2020	Pls refer to Views for details.	Call OI:	
		After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 2,800.00 (4 days) Reduction: 72 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/05/2020 Confirm with Susan Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 13b	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,996.00	
Loss of Rental (LOR): w/GST	S$ 642.00 (6 days) x $100	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/[redacted]
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 3,638.00 **Global Sum S$:** 3,600.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 3,600.00	Name 1:	Speed Auto Works
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	