15/5/2010

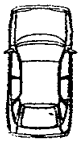
INS. CASE OWNER: BERNARD LER | CC4/AIG20004924/Kea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/04/2020 Date / Time : 06/04/2020

Registered in Merimen: 07/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 5043Z Claim No. : 7224864526SG

Name of Insured : SYLVIA JENN CHUA GUEK CHENG (CAI YUEQING) Policy No. : 1800078309

Insured Tel No. : HP: Make / Model : SUBARU FORESTER 2.0I-L

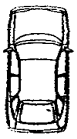
Excess Sec II :S$ D.O.A : 03/04/2020 12:10 Place of Accident : BESIDE FRONTIER CC TRAFFIC LIGHT JURONG WEST ST 64

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

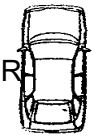
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

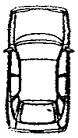
SMA 9134D → →



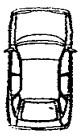
INSRS:
WSP: MBM
Tel : WHEELPOWER
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMA 9134D - X	SMC 5043Z - X	**STAGE** **DATE / PIC**
			Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
			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:
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
			Others:

FINALIZATION	Date/Time:		Confirm with:	Confirm by: KSC	
Repair Cost: L/S	S$ 3,550.00	(4 days)	Reduction: 63 %	Email	Call
FINAL SETTLEMENT	Date/Time: 01.09.20		Confirm with IVY	Email	Call
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S$ 3,798.50		OI REAR ENDED TP		
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$ 31.00				
Medical:	S$ -			1) Claim status: Normal/~~Reject/Private Settle~~	
Disbursement:	S$ -	(e.g. Tow/ Independent)		2) Report Format:	TP
Legal Cost	S$ -			3) Survey fee:	$320
Total:	**S$** 4,471.50	**Global Sum S$:**			

FINAL PAYMENT	Date/Time: 01.09.20	Confirm with: IVY	Email Call
Payee 1:	S$ 4,471.50	Name 1:	MBM WHEELPOWER PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	