15/5/2010

INS. CASE OWNER: TAN Jas 6568804844

CC4/ASM20004955/Eea3

LKK:

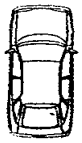
IDAC: 167200

ASSIGNMENT

Surveyor: STEVE DOI: 06/04/2020 Date / Time : 06/04/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJG 5516R Claim No. : S0M02L0O

Name of Insured : SIM JOSEPHINE Policy No. : GA480524

Insured Tel No. : HP: +65-87783223 Make / Model : HONDA STREAM 1.8

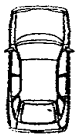
Excess Sec II :S$ D.O.A : 05/04/2020 12:30 Place of Accident : JUNCTION OF RD 1 & RD 2 COMPASSVALE ST & PUNGGOL ROAD

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

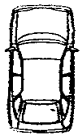
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

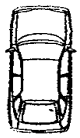
SMN 3363E → → →



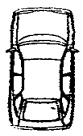
INSRS:
WSP: My Car Consultant
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMN 3363E - X SJG 5516R - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
7/4/20 9:15 AM	*** DS-GIA REPORT ***	Non-Reporting ltr (Final):	
	insured's report shared for your handling.	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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: CTY

Repair Cost: L/S S$ 4,800.00 (5 days) Reduction: 43 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06.01.21 Confirm with HUIQIN Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,800.00 OI REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.49	
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: $350
Total:	**S$** 5,227.49 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 06.01.21 Confirm with: HUIQIN Email ☐ Call ☐

Payee 1:	S$ 5,227.49	Name 1:	MY CAR CONSULTANT PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	