15/5/2010				LKK:					
INS. CASE OWNER	₹:	CC4/FWD20005738/Aba			ba3	IDAC:			
			ASSIGNM	IENT					
Surveyor:]	DOI:		Date / Time :	14/05/2020	J		
					Registered in Merimen: 14/05/2020				
Pre-assign / CCU	Registered in Wi								
	01/0 000014				40000	00047046	^		
Insured Vehicle No. : SKC 3389M Claim No.					: _1202000017349				
Name of Insured : Policy No.					:			_	
Insured Tel No.	:	HP:		Make / Model	:				
Excess Sec II :S\$		D.O.A : 0	5/05/2020	Place of Accid	ent :			_	
Is driver the owner	? (YES / NO)	Nature of A							
	,	rvature of F	Accident .	OV GV. DEDO	DE VEG (NO. 5	D CI L DEDOD			
If NO , Driver Nar	-	(XI	# WEG (NO.)		RT: YES / NO ; T			NO	
Driver Tel	No. :	(V.	/L: YES / NO)	Insured Liabili	ty: %	Final ? Yes	-/ No		
SGH 8042B						→			
nyana	night.		e comparation -	DigDg		Diana	,		
INSRS: WSP: HUA MEN	INSRS WSP:	S:		INSRS: WSP:		INSRS WSP:	C.		
Tel: SPRAY P	AINTING Tel:		A-A	Tel:	1-4	Tel:			
Liability:	Liabili	-	K-V	Liability:	K-b	Liabili	•		
RMKS:	RMKS	S:		RMKS:		RMKS	c .		
Date/ Time					=				
	SGH 8042B - CC3/M	/ISG1501	6497/Aqbn2 28/0	9/2015	STAGE		DATE /	PIC	
	SKC 3389M - CS/FCI19019872/d3XX 06/11/2019					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			ypist	
					After call ltr to OI	* *,			
					Authorisation To	Act:	$\overline{\mathbf{V}}$		
					Release Voucher:		V,		
					Final Repair Bill:		V		
					Car Rental Invoice): 			
					Towing Invoice				
25/00/2020	SETTI ED AND C	ID CLOSED / NO PHY FILE			LTA / GIA : Medical Bill:				
	DETTELD AND C	LOGLD	/ NOT THE		PIR:				
					Mandate/Reject	Instruction:	V.		
					LOD		V		
					Payment Breakd				
PRELIMINARY ADVICE	Date/Time:		Sent By:		Post-Repair Pho	tos:			
EINIAI IZATIONI	D . /Ti'		O 64		Others:				
FINALIZATION Repair Cost: L/S	Date/Time: S\$ 2,600.00 (Confirm with: Reduction: 65.32	%	Confirm by:	Email	Call	7	
FINAL SETTLEMENT			teduction.	70	Email Ca		Can		
Final Liability:	Date/Time: 24/09/2020 Confirm with JING YEE % 100 (Agreed / Assessed) BOLA S/N No. : NIL				If NO or B 28, Ass. Lia:				
Repair Cost:	ss 2,600.00								
Loss of Rental (LOR):	S\$ (days)				Ol go straight on a left turn lane only				
Loss of Use (LOU):		5 days)							
Loss of Income (LOI):	S\$ (\$ x LOR + LOU I	- ,							
LOR only LOU only GIA/LTA Search	LOR + LOU I S\$ 7.49	LOR + LOI	[Tick only one]						
Medical:	S\$ 7.49 S\$				1) Claim status:	Normal/Reject/l	Private Set	itle	
Disbursement:	S\$	((e.g. Tow/ Independent)	2) Report Forma	t: T	Ъ		
Legal Cost	S\$				3) Survey fee:		500.0	0	
Total:	s\$ 3,007.49		m S\$: 2,900.00)					
FINAL PAYMENT	Date/Time:	Confirm w			Email Ca				
Payee 1:	s\$ 2 ,900.00		HUA MENG S	PRAY PAI	NTING WO	KKSHOP)		
Payee 2: (Strike if N.A.)	S\$	Name 2:							
Payee 3: (Strike if N.A.)	S\$	Name 3:							