15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM20005864/Eba3

LKK:

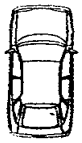
IDAC: 170023

ASSIGNMENT

Surveyor: STEVE DOI: 21/05/2020 Date / Time : 21/05/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 2921R Claim No. : S0M02O96

Name of Insured : ENG ZI QI Policy No. : GA442925

Insured Tel No. : HP: Make / Model : MAZDA MX-5

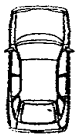
Excess Sec II :S$ D.O.A : 20/05/2020 11:00 Place of Accident : BEDOK RESERVOIR ROAD JUNCTION

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

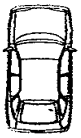
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

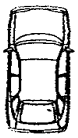
SMT 3229D → → →



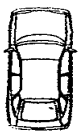
INSRS:
WSP: MY CAR
Tel : CONSULTANT
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMT 3229D - X SLD 2921R - 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: ☐ ☐
29/10/2020	SETTLED AND CLOSED / NO PHY FILE	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:
Repair Cost: L/S	S$ 3,600.00 (5 days) Reduction: 53.48 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/10/2020 Confirm with HUI QIN		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: *3,600.00*	S$ 3,466.80		
Loss of Rental (LOR):	S$ (days)		OID rear-ended TP
Loss of Use (LOU):	S$ 250.00 ($ 50 x 5 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ 7.45		
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: $350.00
Total:	**S$** 3,724.25	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,724.25	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:	