15/5/2010

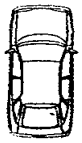
INS. CASE OWNER: SALIHA | CC4/AIG20005986/Uga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 28/05/2020 Date / Time : 27/05/2020

Registered in Merimen: 27/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMM 560C Claim No. : 2070687463SG

Name of Insured : HENG LEASING PTE LTD Policy No. : 0999993872

Insured Tel No. : HP: Make / Model : HONDA SHUTTLE HYBRID-1.5 (A)

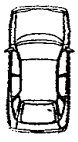
Excess Sec II :S$ D.O.A : 06/05/2020 12:30 Place of Accident : AT JUNCTION OF WHITLEY RD & BT TIMAH ROAD

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

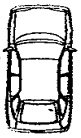
If **NO**, Driver Name / Age : GOH YEOW HENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

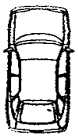
SFG 8188G → → →



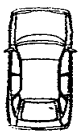
INSRS:
WSP: SPECIALISTS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SFG 8188G - X SMM 560C - X	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 :	X
		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/S S$ 2200.00 (3 days) Reduction: 2983.10 % 58 Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 14/08/2020 Confirm with IRENE Email [✓] Call [ ]

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2354.00	S$ 1177.00 (W/GST)	
Loss of Rental (LOR):	S$ (days)	BOTH PARTIES CHANGING TO SAME LANE
Loss of Use (LOU): 400.00	S$ 200.00 ($ 80 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: $320.00
Total:	**S$** 1384.45 **Global Sum S$:** 1300.00	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 1300.00	Name 1:	SPECIALISTS MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	