15/5/2010

INS. CASE OWNER: Ming-Yao

CC4/AIG20006106/Ees3

LKK:

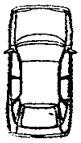
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 03/06/2020 Date / Time : 03/06/2020

Registered in Merimen: 03/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 9140T

Name of Insured : YEO LIAN CHOO

Insured Tel No. : HP: 98305654

Excess Sec II :S$ D.O.A : 22/05/2020

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

Claim No. : 3105385534SG

Policy No. : 2100510231

Make / Model : MAZDA 3-1.5 L (A)

Place of Accident : INTERSECTION BETWEEN ST PATRICKS RD & EAST COAST

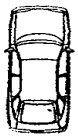
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

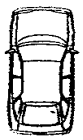
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

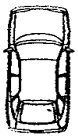
SKP 40U → → →



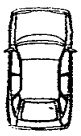
INSRS:
WSP: AUBURN AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKP 40U - CS/INC19013085/Etd3e2 ; 18/07/2019 NA/INC20005904/Y ; 22/05/202	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	SLP 9140T - NA/INC20005904/Y ; 22/05/2020	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: CTY
Repair Cost: L/S	S$ 6,350.00 (3 days)	Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26.01.21	Confirm with MAK	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 8	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,350.00	OI MAKE A RIGHT TURN INTO THE MAIN ROAD	
Loss of Rental (LOR):	S$ 750.00 (5 days)	X $150	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $320
Total:	**S$** 7,107.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 26.01.21	Confirm with: MAK	Email ☐ Call ☐
Payee 1:	S$ 7,107.45	Name 1:	AUBURN AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	