

INS. CASE OWNER:

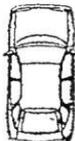
CC 4 / FWD 2000 6889 / Aps3

LKK:  
IDAC:

**ASSIGNMENT**

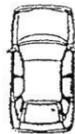
Surveyor: Adrian DOI: 02/07/2020 Date / Time : 01/07/2020  
Registered in Merimen: 01/07/2020

Pre-assign / CCU / FTE

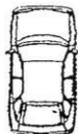


Insured Vehicle No. : SMH 1299C Claim No. : \_\_\_\_\_  
Name of Insured : LOH KAR LAI Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : 30/06/2020 Place of Accident : \_\_\_\_\_  
Is driver the owner? (  / NO ) Nature of Accident : \_\_\_\_\_  
If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT:  / NO ; TP GIA REPORT:  / NO  
Driver Tel No. : \_\_\_\_\_ (V/L:  / NO ) Insured Liability : \_\_\_\_\_ % Final ? Yes / No

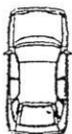
**SJN 2360E**



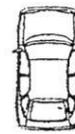
INSRS:  
WSP: **N-51**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SJN 2360E : X ; SMH 1299C : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<b>13/05/2021</b>	<b>Pls refer to Views for details.</b>	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b> Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <b>L/sum</b>	S\$ <b>14,500.00</b> ( <b>14</b> days) Reduction: <b>40</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>13/05/2021</b> Confirm with <b>Xin Hui</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/> <b>100</b>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b>	S\$ <b>15,515.00</b>		
Loss of Rental (LOR):	S\$ <b>900.00</b> ( <b>9</b> days) x \$100.00		
Loss of Use (LOU):	S\$ _____ (\$ x days)		
Loss of Income (LOI):	S\$ _____ (\$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ <b>7.45</b>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ <b>160.00</b> (e.g. <input checked="" type="checkbox"/> Tow/Independent)	2) Report Format: <b>TP</b>	
Legal Cost	S\$ _____	3) Survey fee: <b>\$500.00</b>	
<b>Total:</b>	S\$ <b>16,582.45</b> Global Sum S\$: <b>16,500.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <b>16,500.00</b> Name 1: <b>N-51 Automotive Pte Ltd</b>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		