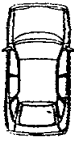


INS. CASE OWNER: Lee, Ming-Yao

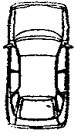
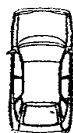
CC6/AIG20006929/Adv3

IDAC:

ASSIGNMENTSurveyor: ADRIANDOI: 02/07/2020Date / Time : 03/07/2020Registered in Merimen: 03/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SKV 7776CClaim No. : 3193472503SGName of Insured : RAYMOND'S MATH AND SCIENCE STUDIO

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : AUDI Q3 1.4 TFSI S TRONICExcess Sec II : \$ _____ D.O.A : 28/06/2020Place of Accident : TEMASEK BLVDIs driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : YAP CHIE SENGOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 98331850(V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SMD 4848UINSRS:
WSP: **SUCCESS**
Tel : **UNITED**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
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WSP:
Tel :
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RMKS:

Date/ Time																																																
	SMD 4848U - X	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> </tr> <tr> <td>Notification ltr (if non-pickup)</td> <td>☐</td> </tr> <tr> <td>After call ltr to OI:</td> <td>☐</td> </tr> <tr> <td>Authorisation To Act:</td> <td>☐</td> </tr> <tr> <td>Release Voucher:</td> <td>☐</td> </tr> <tr> <td>Final Repair Bill:</td> <td>☐</td> </tr> <tr> <td>Car Rental Invoice:</td> <td>☐</td> </tr> <tr> <td>Towing Invoice</td> <td>☐</td> </tr> <tr> <td>LTA / GIA :</td> <td>☐</td> </tr> <tr> <td>Medical Bill:</td> <td>☐</td> </tr> <tr> <td>PIR:</td> <td>☐</td> </tr> <tr> <td>Mandate/Reject Instruction:</td> <td>☐</td> </tr> <tr> <td>LOD</td> <td>☐</td> </tr> <tr> <td>Payment Breakdown Form:</td> <td>☐</td> </tr> <tr> <td>Post-Repair Photos:</td> <td>☐</td> </tr> <tr> <td>Others:</td> <td>☐</td> </tr> </tbody> </table>	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	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:	☐	Post-Repair Photos:	☐	Others:	☐
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PRELIMINARY ADVICE Date/Time: _____ Sent By: _____																																																
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____																																																
Repair Cost: L/SUM	\$S 1,800.00 (3 days) Reduction: 43 %	Email ☐ Call ☐																																														
FINAL SETTLEMENT Date/Time: 12/7/2021 Confirm with WEE KEONG Email ☒ Call ☐																																																
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :																																														
Repair Cost: 1,926.00	\$S 963.00																																															
Loss of Rental (LOR):	\$S (_____ days)																																															
Loss of Use (LOU): 320.00	\$S 160.00 (\$ 80 x 4 days)																																															
Loss of Income (LOI):	\$S (\$ _____ x _____ days)																																															
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]																																																
GIA/LTA Search	\$S 2.00																																															
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 1,125.00	Global Sum \$S:																																														
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐																																																
Payee 1:	\$S 1,125.00	Name 1: SUCCESS UNITED PTE LTD																																														
Payee 2: (Strike if N.A.)	\$S	Name 2:																																														
Payee 3: (Strike if N.A.)	\$S	Name 3:																																														