15/5/2010

INS. CASE OWNER: WANG Peter 6880 4393

CC4/ASM20010567/Kba3

LKK:

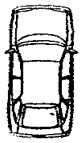
IDAC: 182979

ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 01.10.2020

Registered in Merimen: ____

Pre-assign / CCU / FTE



Insured Vehicle No. : SCF 8811G Claim No. : S0M02UI7

Name of Insured : YONG SEK HUA Policy No. : GA513918

Insured Tel No. : _____ HP: _____ Make / Model : MAZDA3

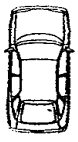
Excess Sec II :S$ _____ D.O.A : 28/09/2020 11:20 Place of Accident : TRAFFIC LIGHT JUNCTION OF EUNOS AVE 6 & 8

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

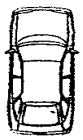
If **NO**, Driver Name / Age : YOW CHEE KWONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91906161 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

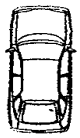
GBJ 4198K → _____ → _____ → _____



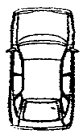
INSRS:
WSP: Lim Yew Boo Spray Paint Co
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBJ 4198K - X SCF 8811G - X	
16/12/2020	SETTLED AND CLOSED / ALL DOCS IN P DRIVE	

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:	☑	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
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: P/P S$ 3,434.55 (5 days) Reduction: 34.50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/12/2020 Confirm with SERENE Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: S$ 3,434.55

Loss of Rental (LOR): S$ 650.00 (5 days) x $130.00 OID rear-ended TP

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$

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$ 4,084.55 **Global Sum S$:** 3,800.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,800.00	Name 1:	LIM YEW BOO SPRAY PAINTING CO
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	