15/5/2010

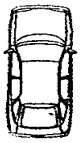
INS. CASE OWNER: JOANNE YONG | CC6/AIG20010722/Ups3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 06/10/2020 Date / Time : 06/10/2020

Registered in Merimen: 06/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : ES 555G Claim No. : 5726435469SG

Name of Insured : LOW KA CHOON KEVIN Policy No. : 1800116825

Insured Tel No. : HP: Make / Model : LAND ROVER EVOQUE-2.0 (A)

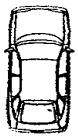
Excess Sec II :S$ D.O.A : 05/10/2020 15:15 Place of Accident : U-TURN OF BUKIT TIMAH RD TWDS DUNEARN RD

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

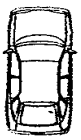
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

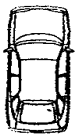
SBY 8900U → → →



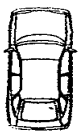
INSRS:
WSP: STYTECH
Tel : AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SBY 8900U - CS3/AIG17004089/Upg3q2 - 27/02/2017	**STAGE** **DATE / PIC**
	ES 555G - 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 : ☐ ☐
		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:
Repair Cost: L/sum	S$ 5,500.00 (5 days) Reduction: 34 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/11/2020	Confirm with WINSTON TEO	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,885.00		
Loss of Rental (LOR): w/GST	S$ 535.00 (5 days)	x $100.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $320.00
Total:	**S$** 6,422.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,422.00	Name 1:	STYTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	