15/5/2010

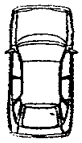
INS. CASE OWNER: KHONG Lynn 68804892 | CC4/ASM20014319/Kga3 | LKK: IDAC: 192157

ASSIGNMENT

Surveyor: KENNETH DOI: 23/12/2020 Date / Time : 22/12/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 4032E Claim No. : S0M02Z9R

Name of Insured : LEE KUAN SHIN Policy No. : GA068290

Insured Tel No. : HP: Make / Model : HONDA FIT

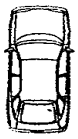
Excess Sec II :S$ D.O.A : 20/12/2020 15:00 Place of Accident : Pasir Ris, Singapore

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

If **NO**, Driver Name / Age : HENG WEI LIAN GERALDINE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

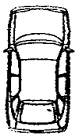
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SDV 62H → → →

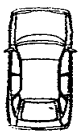


INSRS:
WSP:
Tel : StarsAutoWorks
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SDV 62H - NBA/INC16005768/T1 ; 26.03.2016	Non-Reporting ltr (1st):	
	SJK 4032E - X	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: L/S S$ 2600.00 (4 days) Reduction: 2433.38 % 48 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/01/2021 Confirm with VINCENT Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2600.00	
Loss of Rental (LOR):	S$ 600.00 (6 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$	
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: $350.00
Total:	**S$** 3200.00 **Global Sum S$:**	

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

Payee 1:	S$ 3200.00	Name 1:	STARS AUTOWORKS
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	