15/5/2010

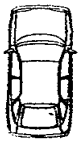
INS. CASE OWNER: JEREMY GOH | CC4/AIG21000114/Kba3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05/01/2021 Date / Time : 04/01/2021

Registered in Merimen: 04/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 5529B Claim No. : 2202398518SG

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

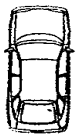
Excess Sec II :S$ D.O.A : 20/12/2020 15:50 Place of Accident : Slip rd of Lower delta rd towards jln Bukit Merah

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

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

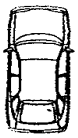
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

ER 828A →

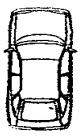


INSRS:
WSP: YAP MOTOR REPAIR SERVICE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	ER 828A - CS/AXA10016318/Rvc ; 12.07.2010	**STAGE** **DATE / PIC**
	SLC 5529B - 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: KSC
Repair Cost: P/P	S$ 260.00 (1 days)	Reduction: 7 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05.10.21	Confirm with JANE	Email ☐ Call ☐
Final Liability: 100	% 20 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: $260.00	S$ 52.00	OI SUCESSFUL RECOVER 80% CLAIM FROM TP	
Loss of Rental (LOR): -	S$ - (days)		
Loss of Use (LOU): $100.00	S$ 20.00 ($ 100 x 1 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: $320
Total: $360.00	**S$** 72.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 05.10.21	Confirm with: JANE	Email ☐ Call ☐
Payee 1:	S$ 72.00	Name 1:	CAROLINE MRS LUCILLE CAROLINE LAM
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	