15/5/2010

INS. CASE OWNER: CC6/CTI21001373/Aes3

LKK:

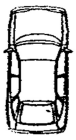
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 27/01/2021 Date / Time : 28/01/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 2077C

Name of Insured : WHEELS EXPRESS RENTAL & LEASING PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

D.O.A : 22/01/2021

Place of Accident :

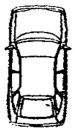
Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

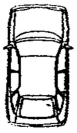
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

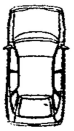
SMM 7404A →



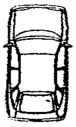
INSRS:
WSP:
Tel : LEANG AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMM 7404A : NA/CTI21004987/h4 ; DOA : 22/01/2021 SMP 2077C :

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: LWP

Repair Cost: L/S S$ 2,000.00 (5 days) Reduction: 48 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 23.06.21 Confirm with LEANG Email [ ] Cal [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,000.00	OID REAR ENDED TP
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LO [ ] [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
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: $400
Total:	**S$** 2,427.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 23.06.21 Confirm with: LEANG Email [ ] Cal [ ]

Payee 1:	S$ 2,427.45	Name 1:	LEANG AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	