| INS. CASE OWNER: | Norsiah | CC4/AIG21001959/Uba3 | LKK:
IDAC: |

ASSIGNMENT
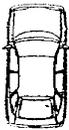
Surveyor: **MARCUS**   DOI: **16/02/2021**   Date / Time : **08/02/2021**

Registered in Merimen: **09/02/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMC 7198Y**		Claim No. : **0544205316SG**
Name of Insured : **TAN KWONG LUCK ROBERT**		Policy No. : **1800083518**
Insured Tel No. : _____ HP: _____		Make / Model : **KIA CERATO**
Excess Sec II :S$ _____ D.O.A : **05/02/2021** 12:50		Place of Accident : **PASIR RIS DR 3 & LOYANG AVE JUNCTION**

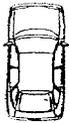Is driver the owner?   (YES / NO)   Nature of Accident :

If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
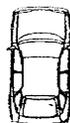
Driver Tel No. :   (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**

FBK 8861Y

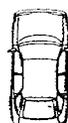|				
INSRS: WSP: **EROFIA MOTOR** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 7198Y - CS/AIG21001768/Evf3 ; 05.02.2021		
	FBK 8861Y - NBA/MSG19000880/Y ; 10.01.2019	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		
14/10/2021	SETTLED AND CLOSED / NO PHY FILE	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/S** S$ **600.00** (**2** days) Reduction: **89.09** % _____ Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: **14/10/2021** Confirm with **LEE LEE** Email [✓] Call [ ]

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

Repair Cost: S$ **600.00**

Loss of Rental (LOR): S$ _____ (___ days)

Loss of Use (LOU): S$ **80.00** ($ **20** x **4** 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$ **680.00**   3) Survey fee: **$320.00**

Total: S$ **680.00**   Global Sum S$:

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email [ ] Call [ ]

Payee 1: S$ **680.00** Name 1: **Erofia Motor Trading Pte Ltd**

Payee 2: (Strike if N.A.) S$ _____ Name 2:

Payee 3: (Strike if N.A.) S$ _____ Name 3: