15/5/2010

INS. CASE OWNER: ANG Yvonne 6568804461

CC4/ASM21004240/Kea3

LKK:

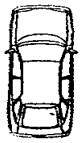
IDAC: 205276

ASSIGNMENT

Surveyor: KENNETH DOI: 07/04/2021 Date / Time : 01/04/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SDY 6151D Claim No. : S1M036WG

Name of Insured : Lien Jown Leam Policy No. : GA378149

Insured Tel No. : HP: Make / Model :

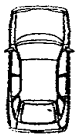
Excess Sec II :S$ D.O.A : 30/03/2021 19:23 Place of Accident : Malacca Street towards One Raffles Place carpark

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

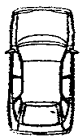
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

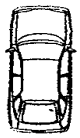
SLX 21X → → →



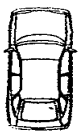
INSRS:
WSP: KUM CHEW MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLX 21X - X	SDY 6151D - X	

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: CTY

Repair Cost: L/S S$ 6,500.00 (6 days) Reduction: 23 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14.12.21 Confirm with MDM LIM Email ☐ Call ☐

Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: w/GST : $6,955 S$ 3,477.50 BOTH PARTY TURNING

Loss of Rental (LOR): - S$ - (days)

Loss of Use (LOU): $700.00 S$ 350.00 ($ 100 x 7 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$ -

Disbursement: - S$ - (e.g. Tow/ Independent)

Legal Cost - S$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $350

Total: $7,655.00 **S$** 3,827.50 **Global Sum S$:** 3,820.00

FINAL PAYMENT Date/Time: 14.12.21 Confirm with: MDM LIM Email ☐ Call ☐

Payee 1:	S$ 3,820.00	Name 1:	KUM CHEW MOTOR WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	