15/5/2010

INS. CASE OWNER: CC4/AIG21006373/Krs3

LKK:

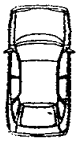
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 03/06/2021 Date / Time : 03/06/2021

Registered in Merimen: 03/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 5790G Claim No. :

Name of Insured : ASTON LIN HAOMIN Policy No. :

Insured Tel No. : HP: Make / Model :

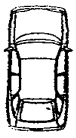
Excess Sec II :S$ D.O.A : 02/06/2021 Place of Accident :

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

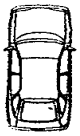
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

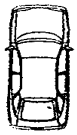
SGY 6547K → → →



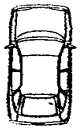
INSRS:
WSP: WEI LEE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGY 6547K : CC6/AIG14016542/Uwa3q2 ; DOA : 27/08/2014
	SMP 5790G : CS/AIG21006364/Evf3 ; DOA : 02/06/2021

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:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/8/2021	Confirm with KAREN	Email ☑ Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
~~Repair Cost~~:	S$ 5,374.00	(TOTAL VALUE LOSS)	
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$ 600.00	($ 60 x 10 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: 320.00
Total:	**S$** 5,981.45	**Global Sum S$:** 5,900.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Cal ☐
Payee 1:	S$ 5,900.00	Name 1:	Wei Lee Motor Works	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		