15/5/2010

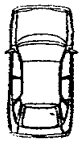
INS. CASE OWNER: BERNARD LER | CC4/AIG21007510/ga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 19/07/2021 Date / Time : 09/07/2021

Registered in Merimen: 09/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 9617S Claim No. : 4863302754SG

Name of Insured : WANG XIAOQING Policy No. : 1800089003

Insured Tel No. : HP: Make / Model :

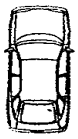
Excess Sec II :S$ D.O.A : 06/07/2021 08:27 Place of Accident : YISHUN INDUSTRIAL PARK A

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

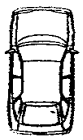
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

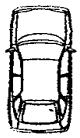
YP 2902D → → →



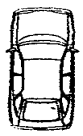
INSRS:
WSP: Kent Seng Car Services
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	YP 22902D - X	**STAGE** **DATE / PIC**
	SMC 9617S - CS/AIG21007375/Eqf3 ; 06.07.2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
	TPV: MITSUBISHI CANTER FEB21ER-2998cc	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:
Repair Cost: L/S	S$ $1,600.00 (3 days)	Reduction: $3,400.00 % 68	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/03/2022	Confirm with SUSAN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,600.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 440.00 ($ 110 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$ 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: $320.00
Total:	**S$** 2,047.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 2,047.45	Name 1:	KENT SENG CAR SERVICES	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		