15/5/2010

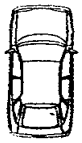
INS. CASE OWNER: LOH Cynthia | CC4/ASM21008189/Aga3 | LKK: IDAC: 222482

ASSIGNMENT

Surveyor: ADRIAN DOI: 03/08/2021 Date / Time : 03/08/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SKX 6565R Claim No. : S1M03ESR

Name of Insured : TAN CHEE MING Policy No. : GA529493

Insured Tel No. : HP: Make / Model :

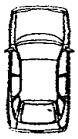
Excess Sec II :S$ D.O.A : 30/07/2021 20:50 Place of Accident : E Coast Park Service Rd, East Coast Park, Singapore

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

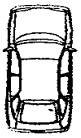
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

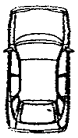
SGT 132P → → →



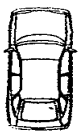
INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGT 132P - X	**STAGE** **DATE / PIC**
	SKX 6565R - CS/EGI17001158/Agh3v2 ; 17.01.2017	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	TPV:OPEL ASTRA - 999 cc	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: I/S	S$ $3,500.00 (4 days) Reduction: $18,487.50	84	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/02/2022	Confirm with KERRY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,745.00	W/GST	
Loss of Rental (LOR):	S$ 600.00 (6 days)	x 100.00	OI REVERSED HIT ONTO TPV
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 36.45		
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: $350.00
Total:	**S$** 4,381.45	**Global Sum S$:** 4,350.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,350.00	Name 1:	XIN HUA WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	