

ASSIGNMENTSurveyor: KENNETHDOI: 04/08/2021Date / Time : 04.08.2021Registered in Merimen: 04.08.2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKC 8000B

Claim No. : _____

Name of Insured : YEOH YOKE LANPolicy No. : 1800042055

Insured Tel No. : _____ HP: _____

Make / Model : Subaru ForesterExcess Sec II :\$ _____ D.O.A : 31/07/2021 11:30Place of Accident : River Valley Rd, Singapore

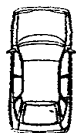
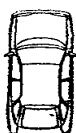
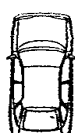
Is driver the owner? (YES / NO) Nature of Accident : _____

HOOT KIAM RDIf NO, Driver Name / Age : TAN SZE INN

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SCN 928P**INSRS:
WSP: K KIM HIN
Tel : AUTO PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SCN 928P - X		
	SKC 8000B - NBA/INC14011641/Es4 ; 19.06.2014	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Non-Reporting ltr (Final):	
	SCN928P Date of Loss: 31/07/2021 (OD)	Notification ltr (if non-pickup):	
	Insurer: Tokio Marine Insurance Singapore Ltd	Call OI:	
	Repaire: K Kim Hin Auto Pte Ltd (HQ)	After call ltr to OI:	
		Documentation Check List:	Handler Typist
	Please CONFIRM that this is NOT the same case you are creating.	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
	*Pending Finalization - No action taken by TP WS.	PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
Submit		Others:	<input type="checkbox"/>

FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: <u>L/Sum</u> S\$ <u>7,400.00</u> (<u>5</u> days) Reduction: <u>71</u> % <u>(exclude check items)</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: S\$	
Loss of Rental (LOR): S\$ (_____ days)	
Loss of Use (LOU): S\$ (\$ _____ x _____ days)	
Loss of Income (LOI): S\$ (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$	
Medical: S\$	1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: <u>WP</u>
Legal Cost S\$	3) Survey fee: <u>\$290</u>
Total: S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1: _____
Payee 2: (Strike if N.A.) S\$	Name 2: _____
Payee 3: (Strike if N.A.) S\$	Name 3: _____