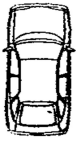


INS. CASE OWNER:

ASSIGNMENTSurveyor: LIMDOI: 12/08/2021Date / Time : 12/08/2021Registered in Merimen: 12/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SJA 3022TClaim No. : 9643341724SGName of Insured : Tan Kiang FeePolicy No. : 2100052614

Insured Tel No. : _____ HP: _____

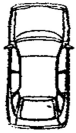
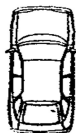
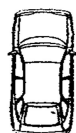
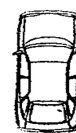
Make / Model : MITSUBISHI LANCERExcess Sec II :S\$ _____ D.O.A : 09/08/2021Place of Accident : Along Lorong 2 Toa Payoh

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

If NO, Driver Name / Age : TAN ZHI WEI

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMN 3588Z**INSRS:
WSP: MS CAR AUTO
Tel : PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMN 3588Z - NA/INC19018811/z4 ; 22.10.2019	STAGE
	SJA 3022T - CS3/MSG16010136/R1qh3c2 ; 26.05.2016	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:
Repair Cost: <u>L/S</u> S\$ <u>5,150.00</u> (<u>5</u> days) Reduction: <u>42</u> %		Confirm by: <u>LTG</u>
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>26.01.22</u> Confirm with <u>JUNE</u>	Email ☐ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>5,510.50</u>		OID REAR ENDED TP
Loss of Rental (LOR): S\$ <u>-</u> (<u> </u> days)		
Loss of Use (LOU): S\$ <u>360.00</u> (\$ <u>60</u> x <u>6</u> days)		
Loss of Income (LOI): S\$ <u>-</u> (\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ <u>-</u>		
Medical: S\$ <u>-</u>		
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		
Legal Cost S\$ <u>-</u>		
Total: S\$ <u>5,870.50</u>	Global Sum S\$: <u>5,870.00</u>	
FINAL PAYMENT	Date/Time: <u>26.01.22</u> Confirm with: <u>JUNE</u>	Email ☐ Call ☐
Payee 1: S\$ <u>5,870.00</u>	Name 1: <u>MS CAR AUTO PTE LTD</u>	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	