15/5/2010

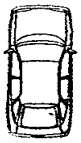
INS. CASE OWNER: LOH Cynthia | CC4/ASM21009006/Kpa3 | LKK: IDAC: 225769

ASSIGNMENT

Surveyor: KENNETH DOI: 30-Aug-2021 Date / Time : 26/08/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMW 1420P Claim No. : S1M03GG2

Name of Insured : KOH YILIN SHERYL (XU YILIN) Policy No. : P2415646

Insured Tel No. : HP: Make / Model :

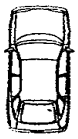
Excess Sec II :S$ D.O.A : 24/08/2021 19:00 Place of Accident : CTE

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

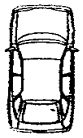
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

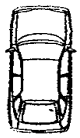
SJL 3049J → SMW 1420P → SKU 3795D →



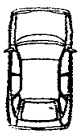
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: LYB
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKU 3795D - X SMW 1420P - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
06/09/2021	Pls refer to VIEWS for details.	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: L/sum	S$ 1,050.00 (3 days) Reduction: 70 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/09/2021	Confirm with Serene	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost:	S$ 1,050.00		
Loss of Rental (LOR):	S$ 300.00 (3 days)	x $100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $350.00
Total:	**S$** 1,357.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,357.45	Name 1: LIM YEW BOO SPRAY PAINT CO	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	