15/5/2010

INS. CASE OWNER: CC4/AIG21009722/Ugs3

LKK:

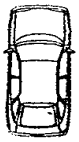
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 16/09/2021 Date / Time : 16/09/2021

Registered in Merimen: 16/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKL 4704H Claim No. :

Name of Insured : THNG HAN TIONG Policy No. :

Insured Tel No. : HP: Make / Model :

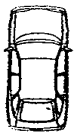
Excess Sec II :S$ D.O.A : 14/09/2021 Place of Accident : TAMPINES PLAZA CARPARK ENTRANCE

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

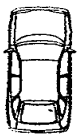
If **NO**, Driver Name / Age : OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

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

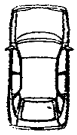
SGV 9079R → → → →



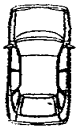
INSRS:
WSP: ASIA MOTORSPORTS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGV 9079R : X ; SKL 4704H : X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	CLAIMANT: YEE SHU FANN CATHERINE	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
	TPV: NISSAN LATIO - 1498cc	**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$ $1,400.00 (3 days)	Reduction: $11,011.32 / 89%	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 13/04/2022	Confirm with ASIA	Email [✓] Cal [ ]
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 1,400.00	S$ 700.00		
Loss of Rental (LOR): 500	S$ 250.00 (5 days)	x $100	CONFLICTING VERSION
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only [✓] LOU only [ ]	LOR + LOU [ ]	LOR + LO [ ] [**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: $320.00
Total:	**S$** 957.45	**Global Sum S$:** 900.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email [✓] Cal [ ]
Payee 1:	S$ 900.00	Name 1:	ASIA MOTORSPORTS SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		