15/5/2010

INS. CASE OWNER: CC3/CTI21010150/R1es3

LKK:

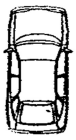
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 29/09/2021 Date / Time : 01/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 1129L Claim No. :

Name of Insured : LAY AUTO LEASING PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

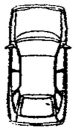
Excess Sec II :S$ D.O.A : 26/09/2021 Place of Accident :

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

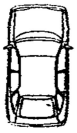
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

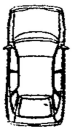
SHB 5246U → → →



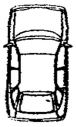
INSRS:
WSP: SMRT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 5246U : CC3/AIG09027100/T1a2q1n ; DOA : 26/11/2009	**STAGE** **DATE / PIC**
	SMC 1129L : X	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:	Confirm by: MRB
Repair Cost: L/S	S$ 5,000.00	(6 days) Reduction: 72 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 25.04.22	Confirm with LEE GEK	Email [ ] Cal [ ]
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,000.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 953.37	(9 days) x $105.93	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 450.00	($ 50 x 9 days)	
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LO [✓] [**Tick only one**]			
GIA/LTA Search	S$ 7.00		
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: $400
Total:	**S$** 6,410.37	**Global Sum S$:** 6,400.00	
FINAL PAYMENT	Date/Time: 25.04.22	Confirm with: LEE GEK	Email [ ] Cal [ ]
Payee 1:	S$ 6,400.00	Name 1: STRIDES TAXI PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	