15/5/2010

INS. CASE OWNER: CC4/LPC21010197/Kga3

LKK:

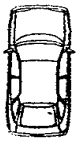
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 11/10/2021 Date / Time : 04/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 5499J Claim No. : 21/21/21/VP05/025002

Name of Insured : HUIN MAY FOONG SANDRA Policy No. : Z21VP05028752

Insured Tel No. : HP: Make / Model :

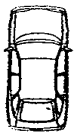
Excess Sec II :S$ D.O.A : 01/10/2021 Place of Accident : Near BKE, Eco-Link @ BKE

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

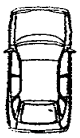
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

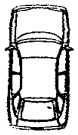
SCU 1000Y → → →



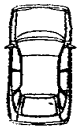
INSRS:
WSP: TTS EUROCARS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SCU 1000Y : NA/INC09026552/w1 ; DOA : 23/11/2009
	SLB 5499J : CS/SMO21010186/Avf3 ; DOA : 01/10/2021
	CLAIMANT: TAY LEE LING (ZHENG LILIN)
	TPV: TOYOTA WISH - 1798cc

STAGE	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: Confirm by:

Repair Cost: P/P S$ $4,025.25 (5 days) Reduction: $7,091.15 % 64 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/07/2022 Confirm with EULINDRA Email ☑ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 4,307.02 W/GST	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 400.00 ($ 80 x 5 days)	C.C (OI 2ND)
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$ 2.00	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:ACCESSORRIES	S$ 900.00 (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $400.00
Total:	**S$** 5,609.02 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Cal ☐

Payee 1:	S$ 5,609.02	Name 1:	TTS EUROCARS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	