15/5/2010

INS. CASE OWNER:

CC6/CTI21010236/Aea3q2

LKK:

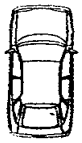
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 01/10/2021 Date / Time : 01/10/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMR 7262R

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. : SNM21D204201/C02/SMR7262R/TAYHP

Policy No. : DMPCSNW00194842000

Make / Model :

D.O.A : 28/07/2021 13:05

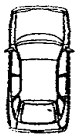
Place of Accident :

Nature of Accident :

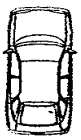
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

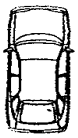
GBE 9769G → → →



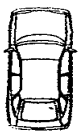
INSRS:
WSP: LEANG AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBE 9769G - CC3/EQI16013038/K1ya3s2; 09/07/2016
	CC3/EQI16015729/Khg3q2; 18/08/2016
	CC6/III19009486/Upb3q2; 29/05/2019
	CC6/QBE18014788/Ujb3s2; 08/08/2018
	NA/QBE19009564/h4; 29/05/2019
	SMR 7262R - X

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: LWP

Repair Cost: L/S S$ 1,350.00 (3 days) Reduction: 68 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18.07.22 Confirm with LEANG Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,350.00	OID REVERSED AND HIT TP PARKED VEH
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 500.00 ($ 100 x 5 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: $400
Total:	**S$** 1,857.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 18.07.22 Confirm with: LEANG Email ☐ Call ☐

Payee 1:	S$ 1,857.45	Name 1:	LEANG AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	