15/5/2010

INS. CASE OWNER: CC6/CTI21010351/Ags3

LKK:

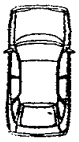
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 11/10/2021 Date / Time : 07/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 5373B Claim No. : SNM21D205728

Name of Insured : LUMENS AUTO PTE LTD Policy No. : DMPCSNW00159582101

Insured Tel No. : HP: Make / Model :

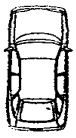
Excess Sec II :S$ D.O.A : 06/10/2021 Place of Accident : Hougang Ave 5

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

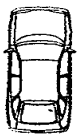
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

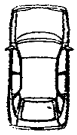
SGD 6410G → → →



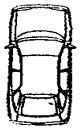
INSRS:
WSP: PREMIUM
Tel : CARZ
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SGD 6410G : CF/AIG07003924/gu ; DOA : 18/11/2007	**STAGE**	**DATE / PIC**
	SMU 5373B : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	CLAIMANT - MEENACHI D/O BALASUNDARAM	Call OI:	
		After call ltr to OI:	
	TPV: H.STREAM - 1668cc	**Documentation Check List:**	**Handler** **Typist**
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
	OI- LUMENS AUTO PTE LTD	Authorisation To Act:	
		Release Voucher:	
	OID: CHEONG YUKE MUI	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$ 2,500.00 (4 days)	Reduction: $2,351.52 % 48	Email Call
FINAL SETTLEMENT	Date/Time: 12/04/2022	Confirm with AUNTENG	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 10	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,500.00		
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 + 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: $400.00
Total:	**S$** 2,807.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ✓ Cal
Payee 1:	S$ 2,807.45	Name 1:	PREMIUM CARZ SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		