15/5/2010

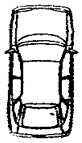
INS. CASE OWNER: BERNARD LER | CC4/AIG21010466/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 12/10/2021 Date / Time : 12/10/2021

Registered in Merimen: 12/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 899Z Claim No. : 1810651155SG

Name of Insured : Lim Tow Leong Policy No. : 1900252193-01

Insured Tel No. : HP: Make / Model : Audi A6

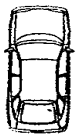
Excess Sec II :S$ D.O.A : 30/09/2021 18:30 Place of Accident : New Upper Changi Rd, Singapore

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

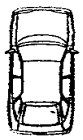
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

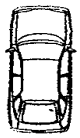
FBJ 1109M → → →



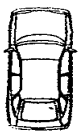
INSRS:
WSP: Erofia Motor Trading Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBJ 1109M - CC4/FCI20002274/Hba3q2 ; 22.01.2020	Non-Reporting ltr (1st):	
	SMD 899Z - X	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 :	
	CLAIMANT - MARK HOE CHUNG KIN	Medical Bill:	
		PIR:	
	TPV: PIAGGIO VESPA - 155cc	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: LS	S$ 2,400.00 (4 days)	Reduction: $5,719.00 % 70	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with LEELEE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,400.00		
Loss of Rental (LOR):	S$ (days)		(OI DRIVE STRAIGHT ON A RIGHT TURN ONLY LANE)
Loss of Use (LOU):	S$ 100.00 ($ 20 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$		
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: $320.00
Total:	**S$** 2,500.00	**Global Sum S$:** 2,500.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,500.00	Name 1:	EROFIA MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	