15/5/2010

INS. CASE OWNER:

CC4/LPC21011061/ Aea3

LKK:

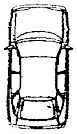
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 28/10/2021 Date / Time : 28/10/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMX 9185K Claim No. : 21/21/21/VP05/025089

Name of Insured : Policy No. : Z21VP05028601

Insured Tel No. : HP: Make / Model :

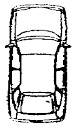
Excess Sec II :S$ D.O.A : 27.10.2021 0850 Place of Accident :

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

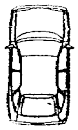
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

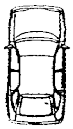
SMK 3629E → → →



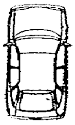
INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMK 3629E SMX 9185K NA/FWD21011036/r3 ; 27.10.2021	

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: P/P S$ 2,503.04 (3 days) Reduction: 37 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19.05.22 Confirm with KERRY Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,678.25	OID EXIT PARKING LOT HIT TP PARKED VEHCILE
Loss of Rental (LOR):	S$ 400.00 (4 days) X $100	
Loss of Use (LOU):	S$ - ($ x 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: $400
Total:	**S$** 3,085.70 **Global Sum S$:** 3,080.00	

FINAL PAYMENT Date/Time: 19.05.22 Confirm with: KERRY Email ☐ Call ☐

Payee 1:	S$ 3,080.00	Name 1:	XIN HUA WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	