15/5/2010

INS. CASE OWNER: CC6/AIG21011349/Ags3

LKK:

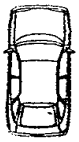
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 08/11/2021 Date / Time : 08/11/2021

Registered in Merimen: 08/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBL 4003D Claim No. :

Name of Insured : SOON HENG SIN MA TRADING PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

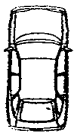
Excess Sec II :S$ D.O.A : 06/11/2021 Place of Accident : BLK 630 BEDOK RESERVOIR ROAD CAR PARK LOT NO 34

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

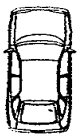
If **NO**, Driver Name / Age : OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

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

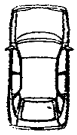
SMY 6754H → → →



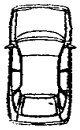
INSRS:
WSP: KT MOTORWERK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMY 6754H : NA/LIP21011343/r3 ; DOA : 06/11/2021 GBL 4003D :	**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 :
	CLAIMANT - TAN KE WEN	Medical Bill:
		PIR:
	TPV: BMW 218i - 1499cc	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$ 3500.00 (3 days)	Reduction: 11,234.06 % 76	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3500.00		
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 + 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: $320.00
Total:	**S$** 3,907.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$	Name 1:	KT MOTORWERK	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		