15/5/2010

INS. CASE OWNER: CC4/AIG21011939/Kea3

LKK:

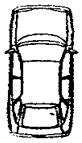
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 24/11/2021 Date / Time : 24/11/2021

Registered in Merimen: 24/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 7832E Claim No. :

Name of Insured : JENNY CHIN WAI LING Policy No. :

Insured Tel No. : HP: Make / Model :

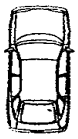
Excess Sec II :S$ D.O.A : 20/11/2021 12:35 Place of Accident : CTE - CITY BEFORE BRADDELL EXIT

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

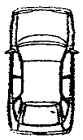
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

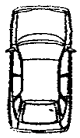
SLS 6223S → SMU 7832U → SKG 8341X → SLK 2324C



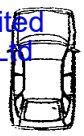
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: Alan's United Auto Pte Ltd
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKG 8341X - CS/INC14009525/Ktbu2 ; 06.12.2013	**STAGE**	**DATE / PIC**
	SMU 7832E - X	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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 8,450.00 (9 days)	Reduction: 34%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15.06.22	Confirm with SHUJUAN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST	S$ 9,041.50	4VEH CC OID 3RD	
Loss of Rental (LOR):	S$ 1,100.00 (11 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$ 2.00		
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: $320
Total:	**S$** 10,143.50	**Global Sum S$:** 10,140.00	

FINAL PAYMENT	Date/Time: 15.06.22	Confirm with: SHUJUAN	Email ☐ Call ☐
Payee 1:	S$ 10,140.00	Name 1:	ALAN'S UNITED AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	