15/5/2010

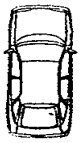
INS. CASE OWNER: KOH Janice | CC4/ASM21012752/Aea3 | LKK: IDAC: 241466

ASSIGNMENT

Surveyor: ADRIAN DOI: 05/01/2022 Date / Time : 16/12/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SKB 27H Claim No. : S1M03OKU

Name of Insured : MOHAMED RAFIN Policy No. : GA584415

Insured Tel No. : HP: Make / Model : Jaguar F-pace

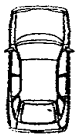
Excess Sec II :S$ D.O.A : 14/12/2021 22:55 Place of Accident : BEFORE RAFFLES HOSPITAL TWDS ECP

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

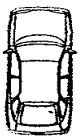
If **NO**, Driver Name / Age : KAREN TAN BENG HUAY @RUZANNA TAN GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

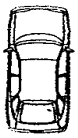
EU 1882U → ——— → ——— → ———



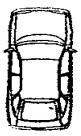
INSRS: PEOPLE'S VEHICLE RECOVERY SERVICE
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKB 27H - X EU 1882U - CC4/ASM21005155/Aga3; 23/04/2021 CS/FCI19021094/Aqd3e2; 26/11/2019 NA/INC19020991/z4; 26/11/2019	**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$ 500.00 (2 days)	Reduction: 71 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05.05.22	Confirm with APPLE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 535.00		OID ENCROACHED AND SCRATCHED TP VEH
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 180.00 ($90 x 2 days)		
Loss of Income (LOI):	S$ - ($ 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: $350
Total:	**S$** 722.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	