15/5/2010

INS. CASE OWNER: CC6/CTI21012971/Ags3

LKK:

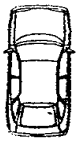
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 20/12/2021 Date / Time : 22/12/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 4360R Claim No. : SNM21D207368

Name of Insured : SWEE AL LENN, RAYMOHD Policy No. : DMPCSNW00193222100

Insured Tel No. : HP: Make / Model :

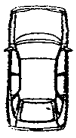
Excess Sec II :S$ D.O.A : 17/12/2021 Place of Accident : Keppel Rd

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

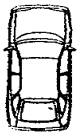
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

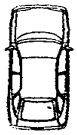
SMN 3804A → → →



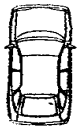
INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMN 3804A : CS3/ASM21010732/T1ty3e2 ; DOA : 15/10/2021	**STAGE** **DATE / PIC**
	SLX 4360R : CC4/AIG18021410/Uea3q2 ; DOA : 19/11/2018	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 :
CLAIMAINT -	CHENG NAM SENG (ZHUANG NANSHENG)	Medical Bill:
		PIR:
	TPV: T.PRIUS - 1497cc	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$ $13,000.00 (11 days)	Reduction: $17,330.65 % 57	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/07/2022	Confirm with KERRY	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 13,910.00	W/GST	
Loss of Rental (LOR):	S$ (days)		C.C (OI LAST)
Loss of Use (LOU):	S$ 750.00 ($ 50 x 15 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: $400.00
Total:	**S$** 14,667.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 14,667.45	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:		