15/5/2010

INS. CASE OWNER: CC6/CTI22000397/Kga3

LKK:

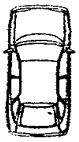
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 07/01/2022 Date / Time : 12/01/2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 7803H Claim No. : SNM22D200177

Name of Insured : TAY HUI MENG BERNARD Policy No. : DMPCSNW00020752101

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 07/01/2022 Place of Accident : FULTON RD

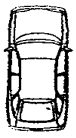
Is driver the owner? (YES / NO) Nature of Accident :

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

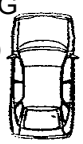
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLP 214Z → → → →

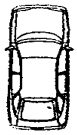
TAN QUEE LENG



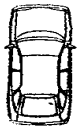
INSRS:
WSP: ALAN'S UNITED
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLP 214Z : X	**STAGE** **DATE / PIC**
	SKC 7803H : CC6/CTI22000398/Kgs3 ; DOA : 07/01/2022	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
	TPV :N.QASHQAI - 1197cc	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:
Repair Cost: P/P	S$ $12,236.35 (7 days) Reduction: $2,036.80 % 14		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/06/2022	Confirm with KENNY	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 13,092.89	W/GST	
Loss of Rental (LOR):	S$ 900.00 (9 days)	x $100.00	OI COLLIDE ONTO TPV AND 3RD VEHICLE - NO DRIVERS IN BOTH VEHICLE)
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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: $400.00
Total:	**S$** 13,992.89	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 13,992.89	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:		