15/5/2010

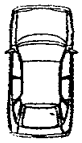
INS. CASE OWNER: KOH Janice | CC4/ASM22000524/Apa3 | LKK: IDAC: 245249

ASSIGNMENT

Surveyor: ADRIAN DOI: 14/01/2022 Date / Time : 14.01.2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SCK 8839B Claim No. : S2M03QXK

Name of Insured : TANG LAI SANG Policy No. : GA552005

Insured Tel No. : HP: Make / Model : Toyota CAMRY

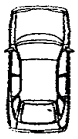
Excess Sec II :S$ D.O.A : 11/01/2022 15:20 Place of Accident : BUKIT PANJANG ROAD FORWARD TO UPPER BUKIT TIMAH ROAD / CHOA CHU KANG ROAD

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

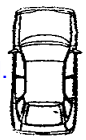
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

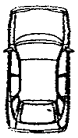
GY 985T → → →



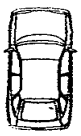
INSRS:
WSP: HD Perfect
Tel : Autowork Pte. Ltd.
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GY 985T - X	SCK 8839B - X	

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:

Repair Cost: L/sum S$ 4,800.00 (6 days) Reduction: 62 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04/05/2022 Confirm with Michelle Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,800.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 560.00 ($ 80 x 7 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: $350.00
Total:	**S$** 5,367.45 **Global Sum S$:** 5,360.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 5,360.00	Name 1:	HD PERFECT AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	