15/5/2010

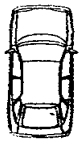
INS. CASE OWNER: KHONG Lynn | CC4/ASM22000829/Dea3 | LKK: IDAC: 246227

ASSIGNMENT

Surveyor: BRYAN DOI: 25/01/2022 Date / Time : 24/01/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SJA 835J Claim No. : S2M03RR2

Name of Insured : SOON BENG HUAT KENJI Policy No. : GA369718

Insured Tel No. : HP: Make / Model : Mazda 6

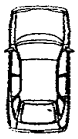
Excess Sec II :S$ D.O.A : 21/01/2022 20:08 Place of Accident : TELOK BLANGAH WAY

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

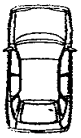
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

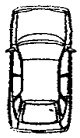
SLV 5722J → → →



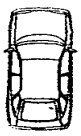
INSRS:
WSP: Alfred Auto Services & Supplies
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLV 5722J - X	**STAGE** **DATE / PIC**
	SJA 835J - CS/FCI10003568/T1bg1 ; 21.02.2010	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: ABT
Repair Cost: L/S	S$ 2,400.00 (4 days)	Reduction: 72 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30.05.22	Confirm with ALFRED	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,400.00	OI REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 450.00 ($ 90 x 5 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**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: $350
Total:	**S$** 2,850.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 30.05.22	Confirm with: ALFRED	Email ☐ Call ☐
Payee 1:	S$ 2,850.00	Name 1:	ALFRED AUTO SERVICES & SUPPLIES
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	