15/5/2010

INS. CASE OWNER:

CC6/AIG22001552/Ags3

LKK:

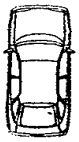
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 17/02/2022 Date / Time : 17/02/2022

Registered in Merimen: 17/02/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMY 1320J Claim No. :

Name of Insured : TEO BAN SENG (ZHANG WANCHENG) Policy No. :

Insured Tel No. : HP: Make / Model :

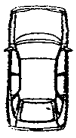
Excess Sec II :S$ D.O.A : 12/02/2022 Place of Accident : KALLANG EXPRESS WAY

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

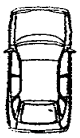
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

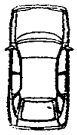
PC 3493K →



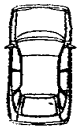
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	PC 3493K : CS/CTI22001404/Uvy3 ; DOA : 12/02/2022	**STAGE** **DATE / PIC**
	SMY 1320J :	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 :
	CLAIMANT - WILLIAM AUTO ENTERPRISE	Medical Bill:
		PIR:
	TPV: MINI BUS - 2982cc	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: L/S	S$ 1,200.00 (3 days)	Reduction: $6,593.33 % 85	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/05/2022	Confirm with SUKYI	Email ☑ Cal ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : 19	If NO or B 28, Ass. Lia :
Repair Cost: 1,200.00	S$ 600.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU): 600	S$ 300.00 ($ 150 x 4 days)		
Loss of Income (LOI):	S$ ☑ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LO ☐	[**Tick only one**]	
GIA/LTA Search	S$ 2.00		
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: $320.00
Total:	**S$** 902.00	**Global Sum S$:** 800.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 800.00	Name 1:	SM AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		