15/5/2010

INS. CASE OWNER:

CC6/CTI22002054/Aga3

LKK:

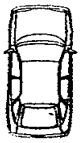
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 07/03/2022 Date / Time : 07/03/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMW 3100A Claim No. : SNM22D201586

Name of Insured : SEET HE JUN Policy No. : DMPCSNW00202222100

Insured Tel No. : HP: Make / Model :

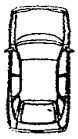
Excess Sec II :S$ D.O.A : 05/03/2022 09:20 Place of Accident : ANG MO KIO 1 TOWARDS ANG MO KIO AVE 6 & 8

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

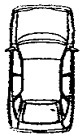
If **NO**, Driver Name / Age : TAN HUIYING JERLINDA OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

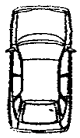
SLE 6408A →



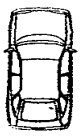
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLE 6408A - X SMW 3100A - 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 :	
	CLAMAINT: ANG BEE PENG	Medical Bill:	
		PIR:	
	TPV; MAZDA 3 - 1496cc	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$ $4,400.00 (5 days)	Reduction: $3,592.00 % 39	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/08/2022	Confirm with SUKYI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28(d)	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 4,400.00		
Loss of Rental (LOR):	S$ 500.00 (5 days)	x $100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**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: $400.00
Total:	**S$** 4,902.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 4,902.00	Name 1:	SM AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		