15/5/2010

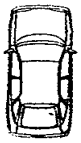
INS. CASE OWNER: ONG Kian Theng Derick | CC4/ASM22003013/Epa3 | LKK: IDAC: 255752

ASSIGNMENT

Surveyor: STEVE DOI: Date / Time : 31/03/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SFP 9981D Claim No. : S2M03X2O

Name of Insured : LAI CHIONG LUNG DAVID Policy No. : GA567110

Insured Tel No. : HP: Make / Model : BMW 530I

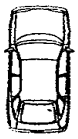
Excess Sec II :S$ D.O.A : 27/03/2022 10:44 Place of Accident : Petir Rd, Singapore

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

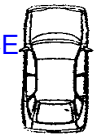
If **NO**, Driver Name / Age : LAI CHIONG LUNG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

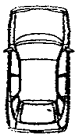
SMT 4553K → → →



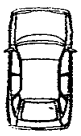
INSRS:
WSP: PERFORMANCE MOTOR LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMT 4553K - NBA/AIG21000316/Y ; 06.01.2021	Non-Reporting ltr (1st):	
	SFP 9981D - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	HSBC	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	We had settled the UIL claim, kindly let us have your survey invoice for payment - ANG Yvonne	**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 Submit Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 13,063.90 (7 days) Reduction: 33 % Excluded check items $15,599.61 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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$	
Medical:	S$	1) Claim status: ~~Normal/Reject/Private Settle~~ /WP
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $250.00
Total:	**S$** **Global Sum S$:**	

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