15/5/2010

INS. CASE OWNER: CC4/LPC22003048/Kea3

LKK:

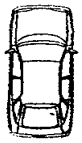
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 31.03.2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SGV 5067B

Name of Insured : LYE YEW HUI

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 30/03/2022 13:30

Is driver the owner? (YES / NO)

Claim No. : 21/22/22/VP05/025610

Policy No. : Z21VP05029377

Make / Model : _____

Place of Accident : SLIP RD EXITING TWDS GAMBAS AVE

Nature of Accident : _____

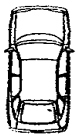
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

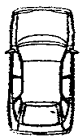
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

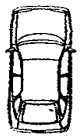
SLH 5529A → _____ → _____ → _____



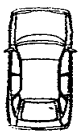
INSRS:
WSP: Ah Lim Motor Company
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLH 5529A - X	**STAGE** **DATE / PIC**
	SGV 5067B - CR2/TP08009292/q; 20/03/2008	Non-Reporting ltr (1st):
	CS/INC10013830/Abg1; 13/05/2010	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: KSC

Repair Cost: L/S S$ 2,150.00 (4 days) Reduction: 52 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04.07.22 Confirm with MUI HONG Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,300.50	OI REAR ENDED TP
Loss of Rental (LOR):	S$ 400.00 (4 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: $400
Total:	**S$** 2,702.50 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 04.07.22 Confirm with: MUI HONG Email ☐ Call ☐

Payee 1:	S$ 2,702.50	Name 1:	AH LIM MOTOR COMPANY
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	