15/5/2010

INS. CASE OWNER: CC4/LPC22003048/Kea3

LKK:

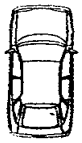
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 01/04/2022 Date / Time : 31.03.2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SGV 5067B Claim No. : 21/22/22/VP05/025610

Name of Insured : LYE YEW HUI Policy No. : Z21VP05029377

Insured Tel No. : HP: Make / Model :

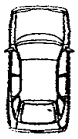
Excess Sec II :S$ D.O.A : 30/03/2022 13:30 Place of Accident : SLIP RD EXITING TWDS GAMBAS AVE

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

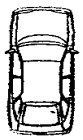
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

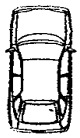
SLH 5529A → → →



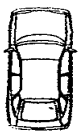
INSRS:
WSP: Ah Lim Motor Company
Tel :
Liability :
RMKS:



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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

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:	