15/5/2010

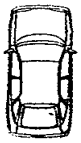
INS. CASE OWNER: LOH Cynthia | CC4/ASM22003378/Uga3 | LKK: IDAC: 257259

ASSIGNMENT

Surveyor: MARCUS DOI: 12/04/2022 Date / Time : 12/04/2022

Registered in Merimen: ____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 3806S Claim No. : S2M03Y9S

Name of Insured : LIM LU HOCK Policy No. : P1600363

Insured Tel No. : HP: Make / Model :

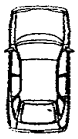
Excess Sec II :S$ D.O.A : 08/04/2022 15:00 Place of Accident : Upper Cross St, Singapore

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

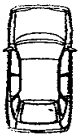
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

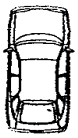
SLK 8868K → → →



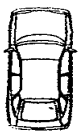
INSRS:
WSP: KS AUTOMOBILE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLK 8868K - NBA/CTI22003301/Y ; 08.04.2022	
	SKS 3806S - NBA/CTI22003301/Y ; 08.04.2022	
	TPV: MB E200 - 1950cc	

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 :	☐	☐
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:

Repair Cost: L/S S$ 3,000.00 (3 days) Reduction: 10,183.50 % 77 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/07/2022 Confirm with STEVEN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,000.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 240.00 ($ 80 x 3 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
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 3,240.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 3,240.00	Name 1:	KS AUTOMOBILE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	