15/5/2010

INS. CASE OWNER: ONG Kian Theng Derick

CC4/ASM22003856/Epa3

LKK:

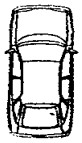
IDAC: 258735

ASSIGNMENT

Surveyor: STEVE CHEN DOI: 26/04/2022 Date / Time : 26/04/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMZ 4273L Claim No. : S2M03Z9M

Name of Insured : CHRISTIAN LUEBBERS Policy No. : P2434658

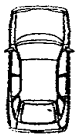
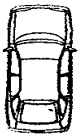
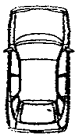
Insured Tel No. : HP: Make / Model : Peugeot 5008

Excess Sec II :S$ D.O.A : 22/04/2022 18:35 Place of Accident : Near MCE, Singapore

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

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

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

SKH 3126D →	SMZ 4273L →	SLE 7740H →
		
INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: TC AutoClinic Pte Ltd
Tel :	Tel :	Tel :
Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP
		
INSRS:		
WSP:		
Tel :		
Liability :		
RMKS:		

Date/ Time		STAGE	DATE / PIC
	SLE 7740H - X SMZ 4273L - X	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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 10,967.76 (10 days) Reduction: 27 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/10/2022 Confirm with Sayedinah		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0
Repair Cost: w/GST	S$ 11,735.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 780.00 ($60 x 13 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ 7.45		
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: $350.00
Total:	**S$** 12,522.95	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 12,522.95	Name 1:	TC AUTOCLINIC PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	