15/5/2010

INS. CASE OWNER: NG Stacey 6568804351

CC4/ASM22003869/Ega3

LKK:

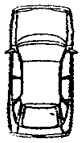
IDAC: 258782

ASSIGNMENT

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

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 1585J Claim No. : S2M03ZE5

Name of Insured : LIEW WOEI KANG Policy No. : GA605595

Insured Tel No. : HP: Make / Model :

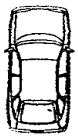
Excess Sec II :S$ D.O.A : 25/04/2022 09:55 Place of Accident : SLIP ROAD TOWARDS MAIN ROAD

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

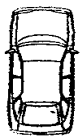
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

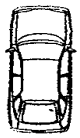
SDX 8188R → → →



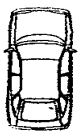
INSRS:
WSP: TC AUTOCLINIC
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SDX 8188R - X SLW 1585J - X	**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:
	TPV: NISSAN KICKS - 1198cc	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$ $1,346.02 (3 days) Reduction: $1,549.66 % 54		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/05/2022	Confirm with SAYE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,440.24 W/GST		
Loss of Rental (LOR):	S$ 288.90 (3 days) x $96.30 W/GST		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 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: $350.00
Total:	**S$** 1,736.59	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,736.59	Name 1: TC AUTOCLINIC PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	