15/5/2010

INS. CASE OWNER: CC4/LPC22003911/Upa3q2

LKK:

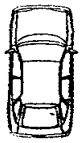
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: _____ Date / Time : 27/04/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 5019S Claim No. : 21/22/22/VP05/025713

Name of Insured : Grace Conny Tan Policy No. : Z21VP05029953

Insured Tel No. : _____ HP: _____ Make / Model : KIA CERATO

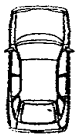
Excess Sec II :S$ _____ D.O.A : 23/04/2022 16:53 Place of Accident : PIE toward Sims Ave

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

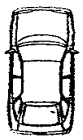
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

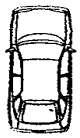
SLP 7728L → _____ → _____ → _____



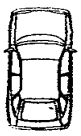
INSRS:
WSP: KY AUTO PTE. LTD.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLP 7728L - X SLT 5019S - 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:		
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/SUM S$ 6,600.00 (6 days) Reduction: 61 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17/11/2022 Confirm with Isabella Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,600.00	
Loss of Rental (LOR):	S$ 900.00 (9 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$ 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: $400.00
Total:	**S$** 7,507.45 **Global Sum S$:** 7,500.00	

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

Payee 1:	S$ 7,500.00	Name 1:	KY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	