15/5/2010

INS. CASE OWNER:

CC6/III22005499/ga3

LKK:

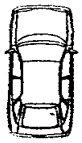
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 09/06/2022 Date / Time : 7/6/2022

Registered in Merimen: 9/6/22

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 2960Z Claim No. : MPC2022D0002959

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

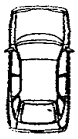
Excess Sec II :S$ D.O.A : 5/6/2022 Place of Accident : Jln Rengkam

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

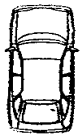
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

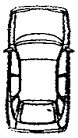
SLM 4644E → → →



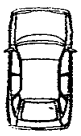
INSRS:
WSP: Hup motor
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLM 4644E - NA/INC18009693/z4 ; 29/5/18	**STAGE**	**DATE / PIC**
	SLS 2960Z - CS/III22005392/Uvy3 ; 5/6/22	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:	☐ ☐
	CLAIMANT - LIM ZI PING	PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
	TPV: LEXUS ES 300 - 2494cc	LOD	☐ ☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: PP	S$ 3633.99 (4 days) Reduction: $3,369.15 % 48		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/08/2022 Confirm with DAVID		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,633.99		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 400.00 ($ 100 x 4 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: $350.00
Total:	**S$** 4,033.99 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,033.99	Name 1: HUP MOTOR TRADING & SERVICE	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	