15/5/2010

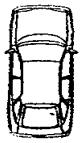
INS. CASE OWNER: TEO Kitty | CC4/ASM22005581/Apa3 | LKK: IDAC: 264682

ASSIGNMENT

Surveyor: ADRIAN DOI: 08/06/2022 Date / Time : 7/6/22

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 5960Z Claim No. : S2M043FE

Name of Insured : TAN LYE HEE Policy No. : GA591430

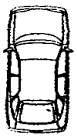
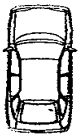
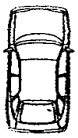
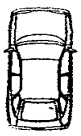
Insured Tel No. : HP: Make / Model : HONDA CIVIC

Excess Sec II :S$ D.O.A : 04/06/2022 15:05 Place of Accident : CTE, Singapore

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

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

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

SLT 5960Z →	GBJ 715U →	SGK 604S →
 INSRS: WSP: Tel : Liability : RMKS: OI	 INSRS: WSP: AUTO UNITED Tel : SG PTE LTD Liability : RMKS: TP 	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
GBJ 715U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/SMO22005351/Y 06/06/2022 TAN WEE TECK (CHEN WEIDI) GBJ 715U SLT 5960Z 04/06/2022 07/06/2022 RBA NBA/SMO22005355/Y 06/06/2022 TAN WEE TECK (CHEN WEIDI) GBJ 715U SKX 6283D 04/06/2022 07/06/2022 RBA
SLT 5960Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/SMO22005351/Y 06/06/2022 TAN WEE TECK (CHEN WEIDI) GBJ 715U SLT 5960Z 04/06/2022 07/06/2022 RBA

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:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	