15/5/2010

INS. CASE OWNER:

CC6/CTI20007525/Kea3q2-1

LKK:

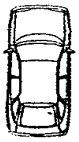
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 20/07/2020 Date / Time : 21/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 9973L Claim No. : SNM20D202502/C02

Name of Insured : MARCUS LAI LEE KOON Policy No. : DMPCSN3086441900

Insured Tel No. : HP: Make / Model :

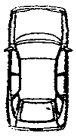
Excess Sec II :S$ D.O.A : 16/07/2020 Place of Accident :

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

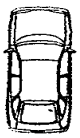
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

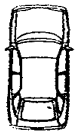
SKR 380C → → →



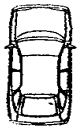
INSRS:
WSP: K.KIM HIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKR 380C : X
	SKV 9973L : CS/CTI18014645/Ksd3n2 ; DOA : 25/07/2018
20/09/2021	PLEASE REFER TO VIEWS FOR DETAILS
	*SUBMIT REJECT AS PER CTI INSTRUCTIONS

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: KSC

Repair Cost: P/P S$ 4,498.20 (4 days) Reduction: 43 % Email Call

FINAL SETTLEMENT Date/Time: 25.07.22 Confirm with Email Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,813.70	
Loss of Rental (LOR):	S$ 720.00 (4 days) X $180	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ✓ LOU only LOR + LOU LOR + LO [**Tick only one**]		
GIA/LTA Search	S$ 2.00	
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 - $350 = $50
Total:	**S$** 5,535.07 **Global Sum S$:** 5,500.00	

FINAL PAYMENT Date/Time: 25.07.22 Confirm with: Email Cal

Payee 1:	S$ 5,500.00	Name 1:	K.KIM HIN AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	