15/5/2010

INS. CASE OWNER: CC6/AIG22006963/Kya3q2

LKK:

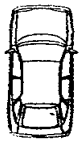
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 25/07/2022 Date / Time : 21/07/2022

Registered in Merimen: 21/07/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJR 2909C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

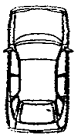
Excess Sec II :S$ D.O.A : 20/07/2022 12:50 Place of Accident : BALESTIER ROAD NEAR JUNCTION WITH KIM KEAT ROAD

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

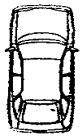
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

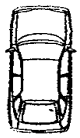
SJV 671D → → →



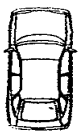
INSRS: TROPICAL TECH AUTOMOBILE SERVICES
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJV 671D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/FWD17016601/r3 28/08/2017 YAP HOY MENG SJV 671D SLN 6128K 27/08/2017 31/08/2017 RBW	Non-Reporting ltr (1st):	
SJR 2909C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CA/AIG09014275/s1 26/06/2009 LI YUN SJR 2909C XD 2563Z 25/06/2009 30/06/2009 SJR CC3/AIG15006696/H1pm3c2 23/09/2015 SHD 3532X SJR 2909C 18/04/2015 28/09/2015 BFH	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$ 2,600.00 (4 days) Reduction: 62 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 05/04/2023 Confirm with William Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,600.00	
Loss of Rental (LOR):	S$ 500.00 (5 days) @$100	
Loss of Use (LOU):	S$ ($ 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: $320
Total:	**S$** 3,107.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 3,107.45	Name 1:	TROPICAL TECH AUTOMOBILE SERVICES
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	