15/5/2010

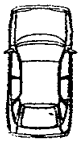
INS. CASE OWNER: ANG YVONNE | CC4/ASM22009001/Apa3 | LKK: IDAC: 281896

ASSIGNMENT

Surveyor: ADRIAN DOI: 13.09.2022 Date / Time : 13.09.2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SBW 1888D Claim No. : S2M04AVP

Name of Insured : GOH CHAI SENG Policy No. : GA501650

Insured Tel No. : HP: Make / Model : Toyota HARRIER

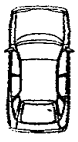
Excess Sec II :S$ D.O.A : 12/09/2022 12:45 Place of Accident : CENTRAL BOULEVARD

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

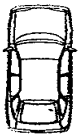
If **NO**, Driver Name / Age : CHER CHEE CHUANG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

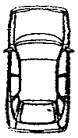
SMX 8554K → → →



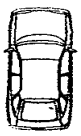
INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMX 8554K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/CTI21005102/h4 26/04/2021 MIOW YAO YONG SMX 8554K SMX 3408H 23/04/2021 28/04/2021 LSH NM/CTI22009072/Ar3 15/09/2022 MIOW SEONG YAO SMX 8554K SBW 1888D 12/09/2022 RBW	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SBW 1888D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NM/CTI22009072/Ar3 15/09/2022 MIOW SEONG YAO SMX 8554K SBW 1888D 12/09/2022 RBW	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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 6,800.00 (6 days) Reduction: 78 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/04/2023	Confirm with KERRY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 8% GST	S$ 7,344.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 560.00 ($80 x 7 days)		
Loss of Income (LOI):	S$ ($ 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: $350.00
Total:	**S$** 7,911.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7,911.45	Name 1:	XIN HUA WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	