15/5/2010

INS. CASE OWNER:

CC4/AIS22009409/pa3

LKK:

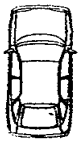
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23.09.2022

Registered in Merimen: 23.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMS 2682P

Name of Insured : CHRISTOPHER TAY SOON HOCK

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 16/09/2022 17:58

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : SP2001674581

Make / Model : Lexus RS270

Place of Accident : PIE

Nature of Accident : _____

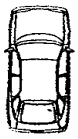
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

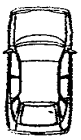
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

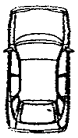
SMK 8394Z → _____ → _____ → _____



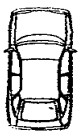
INSRS:
WSP: HOCK WAH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMK 8394Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/LIP21004780/h4 15/04/2021 KUA LEE NAH (KE LINA) SMK 8394Z SMP 1188Y 14/04/2021 22/04/2021 LSH
SMS 2682P - X	

STATUS	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: L/SUM	S$ 1,100.00 (2 days)	Reduction: 59 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/03/2023	Confirm with Anysia	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 7% GST	S$ 1,177.00		
Loss of Rental (LOR):	S$ 200.00 (2 days)	X $100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $350.00
Total:	**S$** 1,379.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,379.00	Name 1:	Hock Wah Motor Workshop Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	