15/5/2010

INS. CASE OWNER:

CC4/LPC22009865/Epa3

LKK:

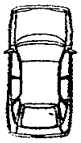
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: Date / Time : 05.10.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 3527Y Claim No. : 22/22/22/VC05/026368

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

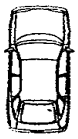
Excess Sec II :S$ D.O.A : 01/10/2022 15:05 Place of Accident :

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

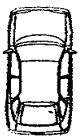
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

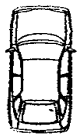
SFL 4887Y → → →



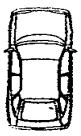
INSRS:
WSP: MOTOR IMAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SFL 4887Y - X		**STAGE** **DATE / PIC**
YP 3527Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Created By	Non-Reporting ltr (1st):
	NA/INC17004810/h4 09/03/2017 KOR LEONG SENG XD 5676L YP 3527Y 09/03/2017 14/03/2017 LSH	Non-Reporting ltr (2nd):
	NA/LPC21000540/r3 12/01/2021 MIA KAJAL YP 3527Y GBB 1653A 30/12/2020 03/03/2021 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: P/P	S$ 3,518.08 (3 days) Reduction: 53 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/04/2023 Confirm with Shinah		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: 7% GST	S$ 3,764.35		
Loss of Rental (LOR): 7%GST	S$ 470.80 (4 days) X $110		
Loss of Use (LOU):	S$ ($ 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: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 4,235.15 **Global Sum S$:**		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,235.15	Name 1:	MOTOR IMAGE ENTERPRISES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	