15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/ASM22010107/Rpa3

LKK:

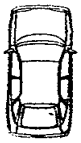
IDAC: 286711

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SND 915Z

Name of Insured : TAN KOK KEONG

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 12/10/2022 13:40

Is driver the owner? (YES / NO)

Claim No. : S2M04CRK

Policy No. : GA584661

Make / Model : BMW 520i

Place of Accident : PIE, Singapore

Nature of Accident : _____

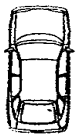
If **NO**, Driver Name / Age :

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

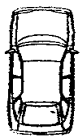
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

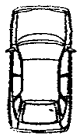
SJN 4516K → _____ → _____ → _____



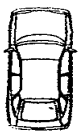
INSRS:
WSP: AUTOMOTIVE REPAIR CENTRE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SJN 4516K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	~~CC6/AIG20010034/Ars3q2 27/05/2021 GBC 7700C SJN 4516K 14/09/2020 27/05/2021 KCY~~
	~~NA/RSI09008624/p1 22/04/2009 TOH KOK LEONG SFN 5229E SJN 4516K 22/04/2009 24/04/2009 LSR~~
SND 915Z - X	

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:
Repair Cost: L/SUM	S$ 4,000.00 (7 days)	Reduction: 56 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/03/2023	Confirm with Shu Juan	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: 7% GST	S$ 4,280.00		
Loss of Rental (LOR):	S$ 1,125.00 (9 days)	X $125.00	
Loss of Use (LOU):	S$ ($ 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: $350.00
Total:	**S$** 5,407.00	**Global Sum S$:** 5,400.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,400.00	Name 1: AUTOMOTIVE REPAIR CENTRE PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	