15/5/2010

INS. CASE OWNER:

CS/III22003668/Gpa3q2-1

LKK:

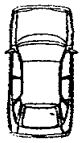
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 20.04.2022 Date / Time : 20.04.2022

Registered in Merimen: 21.04.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SNE 7440A Claim No. : MFL2022D0002000

Name of Insured : LUMENS AUTO PTE LTD Policy No. : D22MFL0003403

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

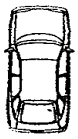
Excess Sec II :S$ D.O.A : 15/04/2022 21:15 Place of Accident : JURONG WEST AVE 1 TRAFFIC JUNCTION ~~TURNING RIGHT TO ST 42~~

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

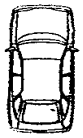
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

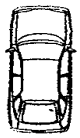
SNC 5684L → → →



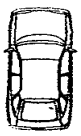
INSRS:
WSP: Carsmith
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SNE 7440A		
	SNC 5684L ~~CS/III22003668/Gny3q2 ; 15.04.2022~~	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$ 800.00 (2 days) Reduction: 86 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/01/2023 Confirm with Alex Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 800.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 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: $350.00
Total:	**S$** 980.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 980.00	Name 1:	Carsmith Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	