15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM22011497/Upa3

LKK:

IDAC: 292157

ASSIGNMENT

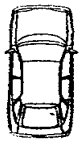
Surveyor: Marcus

DOI: 17/11/2022

Date / Time : 16/11/20212

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMX 7559D

Claim No. : S2M04EZP

Name of Insured : CHOOI LUEN HONG

Policy No. : GA570842

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 15.11.2022.

Place of Accident : ALONG BEDOK SOUTH AVENUE 2

Is driver the owner? (YES / NO)

Nature of Accident :

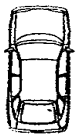
If **NO**, Driver Name / Age :

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

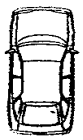
Driver Tel No. : (V/L: YES / NO)

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

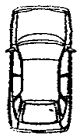
SJY 6286C →



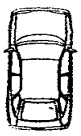
INSRS:
WSP: CARSMITH
Tel : PRIVATE LIMITED
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJY 6286C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC6/AIG20005957/Aga3q2 08/07/2021 SJY 6286C SJT 9112C 22/05/2020 12/07/2021 DBR

SMX 7559D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/AIG22005478/r3 09/06/2022 TAY KEE PING GBG 6077D SMX 7559D 06/06/2022 16/06/2022 RBW

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$ 3,500.00 (4 days) Reduction: 69 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06/03/2023 Confirm with ALEX Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 7% GST	S$ 3,745.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 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: $350.00
Total:	**S$** 4,045.00 **Global Sum S$:** 4,000.00	

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

Payee 1:	S$ 4,000.00	Name 1:	Carsmith Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	