15/5/2010

INS. CASE OWNER:

CC4/AIG23002429/Aya3

LKK:

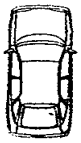
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 07/03/2023 Date / Time : 07/03/2023

Registered in Merimen: 07/03/2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SJL 8479T Claim No. :

Name of Insured : YAW KEE SHEN Policy No. : 7220102142

Insured Tel No. : HP: Make / Model : Honda Civic

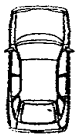
Excess Sec II :S$ D.O.A : 05/03/2023 13:45 Place of Accident : Bedok North Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : ZEBRA CROSSING FROM KAKI BUKIT ROAD

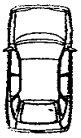
If **NO**, Driver Name / Age : LIM ENG TIONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

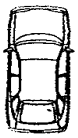
SMT 5042L →



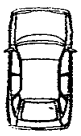
INSRS:
WSP: JDM AUTOCARE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMT 5042L - X SJL 8479T - X	
17/03/2023	Please be informed we received PD LOD from the TP solicitor, Vision Law LLC. Kindly assist in confirming if you are handling the PD claim via DS with the TP repairer.	
	Best Regards	
	Bennie Tan	
17/03/2023	No DS for this case. TP repairer engaged solicitor for PRI.	
	We will submit our report soonest.	

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$ 4,400.00 (8 days)	Reduction: 47 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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: WP
Legal Cost	S$		3) Survey fee: $290.00
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	