15/5/2010

INS. CASE OWNER: CC3/CTI23002478/Kya3q2

LKK:

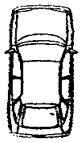
IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 876A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

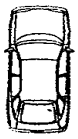
Excess Sec II :S$ D.O.A : 03.03.2023 16:40 Place of Accident :

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

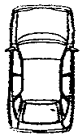
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

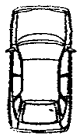
SMM 734T → → →



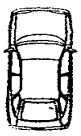
INSRS:
WSP: TRANS-CAB
Tel : CAB
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMM 734T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~NA/CTI23002331/d4 06/03/2023 ANG KOK LEONG SMU 876A SMM 734T 03/03/2023 07/03/2023 NVT~~	Non-Reporting ltr (1st):	
SMU 876A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/CTI23001317/d4 09/02/2023 ANG KOK LEONG SMU 876A UNKNOWN 24/01/2023 09/02/2023 NVT ~~NA/CTI23002331/d4 06/03/2023 ANG KOK LEONG SMU 876A SMM 734T 03/03/2023 07/03/2023 NVT~~	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$ 6,400.00 (7 days) Reduction: 39 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 24/05/2023 Confirm with Bel Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S$ 6,912.00	
Loss of Rental (LOR):	S$ 604.80 (7 days) @$80 w/GST	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [**Tick only one**]		
GIA/LTA Search	S$ 26.75	
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: $400
Total:	**S$** 7,543.55 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 7,543.55	Name 1:	HUI YANG MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	