LKK:
IDAC:

INS. CASE OWNER: Ewee May | CC 4/AXA1701 8478, M1p63

ASSIGNMENT

Surveyor: mLf   DOI: 28/9/17   Date / Time: 27/9/17
Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGA 9687X	Claim No. :	87M00X6D
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 27/9/17	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**

SJJ 9336B → → →

INSRS: WSP: Accord Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: V/SP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SJJ9336B - X SGA 9687X - X	Non-Reporting ltr (1st):	
	* smartclaim	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
13/04/2020	PLS SEE VIEWS FOR DETAILS	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: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:
Repair Cost: L/sum   S$ 2,850.00 (7 days) Reduction: 70 %   Email ✓ Call ☐

FINAL SETTLEMENT Date/Time: 13/04/2020 Confirm with Celia
If NO or B 28, Ass. Lia :

Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL
w/GST Repair Cost: 3,049.50	S$ 1,524.75	
Loss of Rental (LOR):	S$	(days)
Loss of Use (LOU): 1,000.00	S$ 500.00	($ 100 x 10 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$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	S$ 2,026.75	**Global Sum S$:** 2,000.00

1) Claim status: Normal/~~Reject/Private Settle~~
2) Report Format: TP
3) Survey fee: $350.00

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

Payee 1:	S$ 2,000.00	Name 1: Accord Auto Services Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: