

INS. CASE OWNER:

Yvonne Ang | CC P, ASM 190 12457, Kpa3

LKK: IDAC: 126653

Surveyor:

ksu

DOI:

ASSIGNMENT

15/07/2019

Date / Time :

15/07/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GZ 2882M  
 Name of Insured : TOTAL CARE EMPLOYMENT SVS  
 Insured Tel No. : HP:  
 Excess Sec II :SS : 500.00 D.O.A: 31/12/19  
 Is driver the owner? ( YES / NO ) Nature of Accident :

Claim No. : SQM017ZV  
 Policy No. :  
 Make / Model :  
 Place of Accident :

bx

If NO, Driver Name / Age :  
 Driver Tel No. :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Insured Liability : % Final ? Yes / No

SMG 7228 Z

(V/L: YES / NO)



INSRS:  
 WSP: S & H  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

Date/ Time

SMG 7228 Z - x ;  
 GZ 2882M - 15/07/19 3071/11/19 ; D.O.A: 31/12/19

28/08/2020

Pls refer to VIEWS for details.

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)	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>
LOD	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>
Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with:

FINALIZATION Date/Time: 28/08/2020 Confirm with: Ms Wong Email  Call

Repair Cost: P/P S\$ 8,562.83 ( 11 days) Reduction: 6 % Confirm by:  
 FINAL SETTLEMENT Date/Time: 28/08/2020 Confirm with: Ms Wong Email  Call   
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :  
 Repair Cost: w/GST S\$ 9,162.23  
 Loss of Rental (LOR): S\$ 700.00 ( 7 days) x \$100.00  
 Loss of Use (LOU): S\$ 300.00 (\$ 50 x 6 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\$  
 Legal Cost S\$ (e.g. Tow/ Independent)  
 Total: S\$ 10,164.23 Global Sum S\$: 10,150.00  
 1) Claim status: Normal/Reject/Driver's Settle  
 2) Report Format: TP  
 3) Survey fee: \$350.00

FINAL PAYMENT Date/Time: Confirm with: Email  Call   
 Payer 1: S\$ 10,150.00 Name 1: S&H MOTOR PTE LTD  
 Payer 2: (Strike if N.A.) S\$ Name 2:  
 Payer 3: (Strike if N.A.) S\$ Name 3: