

15/5/2010

INS. CASE OWNER:

SALIHA

CC6/AIG19017173/Aha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

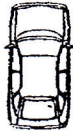
ADRIAN

DOI: 30/09/2019

Date / Time : 30/09/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SDB 2524J

Name of Insured : MR KHAW E SIANG

Insured Tel No. : _____ HP: +65-96953499

Excess Sec II :\$ D.O.A : 28/09/2019 08:50

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

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L YES / NO)

Claim No. : 4520205510SG

Policy No. : 2100435277

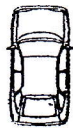
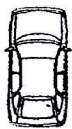
Make / Model : MAZDA 6-2.0 4-DOOR SEDAN (A)

Place of Accident : SLIP ROAD OF CAVENAGH ROAD INTO BUYONG ROAD

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

Insured Liability : % Final ? Yes / No

SGE 1632K

INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SDB 2524J - CS/AIG12011737/Ry1k3; DOA: 18/10/11	Non-Reporting ltr (1st):	
	SGE 1632K - CC6/AIG18023169/Ajb3q2; DOA: 15/12/18	Non-Reporting ltr (2nd):	
	- CS/FCI17019427/Aqbe2; DOA: 08/10/17	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	14/10/19 - JLC
		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: L19	S\$ 3,700.00 (7 days) Reduction: 75 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/02/20	Confirm with: GUKYI	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia : COI REPAIR - ENDED TP
Repair Cost:	S\$ 3,700.00		
Loss of Rental (LOR):	S\$ 500.00 (5 days) x \$100		
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\$ 2.00		
Medical:	S\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S\$ -		3) Survey fee: \$320.00
Total:	S\$ 3,702.00 Global Sum S\$: 3,700.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 3,700.00	Name 1: SM AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -	