15/5/2010

INS. CASE OWNER: CC4 /FCI190 21770 / Kelvin

LKK:

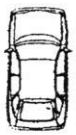
IDAC:

ASSIGNMENT

Surveyor: kenneth. DOI: 7/IV/19 Date / Time : 8/IV/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6727S

Name of Insured : UTDL

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : TED LEIM M68

Driver Tel No. :

Claim No. :

Policy No. : D18088978 MESH

Make / Model : MERCEDES

D.O.A : 7/IV/19.

Place of Accident : UTE

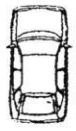
Nature of Accident :

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

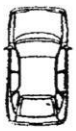
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

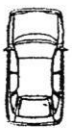
SMM 1497 X → → →



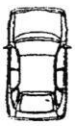
INSRS:
WSP: Autoworx
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMM 1497 X – t SHB 6727S – t

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: S$ 2450.00 (4 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/10/2020 Confirm with Jake Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2450.00	
Loss of Rental (LOR):	S$ 535.00 (5 days) x $107 (w/GST)	
Loss of Use (LOU):	S$ 50.00 ($ 50 x 1 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☑ LOR + LO ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.45	
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: $350
Total:	**S$** 3042.45 **Global Sum S$:** 3040.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$ 3040.00	Name 1:	Autoworx House
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	