

15/5/2010

KHONG Lynn
68804892

CC4/ASM19022801/Apa3

LKK:

IDAC: 153433

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

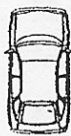
XGQ / LWP

DOI: 27/12/2019

Date / Time: 26/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 7683L

Claim No. : S9M02BAB

Name of Insured : DZUL FADZLI BIN HASSIM

Policy No. : P2241918

Insured Tel No. : HP: +65-96470717

Make / Model : TOYOTA SIENTA ELEGANCE (AUTO)

Excess Sec II : S\$

D.O.A : 25/12/2019 17:05

Place of Accident : PASIR RIS DRIVE 12

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

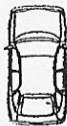
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SMN 1844Y

INSRS:
WSP: ACE
Tel: AUTOLUTION
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	SMN1844Y- X	SMH 7683L - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	15/1/2020
			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: 45 S\$ 4600.00 (6 days) Reduction: 61 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/1/2020 Confirm with Anna

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 4600.00

Loss of Rental (LOR): S\$ 749.00 (7 days) X \$100.00

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\$ -

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$350.00

Total: S\$ 5349.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 5349.00

Name 1: ACE Autolution Pte Ltd

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: