15/5/2010

INS. CASE OWNER: CC6/CTI20000325/AKa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 03/01/2020 Date / Time: 03/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJD 3794H

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

D.O.A : 31/12/2019 20:00

Place of Accident : PIE > CHANGI AFTER LORNIE EXIT

Nature of Accident :

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

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

SKA 7360D → → →

INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKA 7360D - CC7/AIG11017034/M1puq2; DOA: 19.08.11
	SJD 3794H - X

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: U/S S$ 4700.00 (6 days) Reduction: 68 % Email ☑ Call ☐

FINAL SETTLEMENT Date/Time: 20/1/2021 Confirm with Jing Yee Email ☑ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27.
Repair Cost:	S$ 4700.00	
Loss of Rental (LOR):	S$ 600.00	(6 days) × $100.00
Loss of Use (LOU):	S$ —	($ x days)
Loss of Income (LOI):	S$ —	($ x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]
GIA/LTA Search	S$ 7.45	
Medical:	S$ —	
Disbursement:	S$ —	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	S$ 5307.45	**Global Sum S$:** 5300.00

If NO or B 28, Ass. Lia :

1) Claim status: Normal/Reject/Private Settle

2) Report Format: G/P

3) Survey fee: $400.00

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

Payee 1:	S$ 5300.00	Name 1:	~~H~~ Hua Meng Spray Painting Workshop.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	