LKK: IDAC:

ASSIGNMENT
 00/04/2020

Surveyor:

ADRIAN

DOI: 06/01/2020

Date / Time:

06/01/2020

08/01/2020 Registered in Merimen:

Pre-assign / CCU / FTE



SGU 618A Insured Vehicle No.

Claim No.

8794389663SG

Name of Insured

LIM TECK JONG JOHNSON

Policy No.

2100440266

Insured Tel No.

HP: +65-96565536

Make / Model :

KIA FORTE K3-1.6 (A)

Excess Sec II :S\$ Is driver the owner?

(VES / NO)

D.O.A: 03/01/2020 07:45 Nature of Accident:

Place of Accident:

EXITING TPE TO PASIR RIS DR 8

If NO, Driver Name / Age:

Driver Tel No. :

(V/L: YES / NO)

Insured Liability:

OI GIA REPORT: (ES / NO ; TP GIA REPORT: (ES / NO

Final? Yes/No

SKP 8082X



INSRS: WSP: J-MART MOTOR Tel: Liability: RMKS:

INSRS: WSP: Tel: Liability:

RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time				
	SKP 8082X - NA/UOI16022356/h4; DOA: 23.11.16	DIROL	ATE / PIC	
	SGU 618A - X	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		
		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:		
7 100 17 713		Towing Invoice		
		LTA / GIA :		
05/04/2021 SETTLED AND CLOSED	SETTLED AND CLOSED / FILE IN DRAWER	Medical Bill:		
		PIR:		
		Mandate/Reject Instruction:		
		LOD		
		Payment Breakdown Form:		
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:		
RELIGIOUS AD VICE	Date 1 me.	Others:		
FINALIZATION	Date/Time: Confirm with:	Confirm by:		
Repair Cost: L/S	ss 4,500.00 (6 days) Reduction: 43,21 %	Email Call		
FINAL SETTLEMENT	Date/Time: 01/04/2021 Confirm with i-mart	Email Call		
	0.7	If NO or B 28, Ass. Lia:		
Final Liability: Repair Cost: (W/GST)	% 100 (Agreed / Assessed) BOLA S/N No. : 27 S\$ 4,815.00	II NO OF B 26, Ass. Lia .		
oss of Rental (LOR):	1,000100			
oss of Use (LOU):				
Loss of Income (LOI):	S\$ (\$ x days)			
OR only LOU only				
GIA/LTA Search	SS .	1) Cl.: No 1/Poisst /Poisst	ata Cattla	
Medical:	SS 1) Claim status; Normal/Reject/Private S		ate Settie	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	320.00	
egal Cost	S\$ 5.915.00 5.650.00	3) Survey fee:	020.00	
Fotal:	s\$ 5,815.00 Global Sum S\$: 5,650.00	Email Call		
FINAL PAYMENT	Date/Time: Confirm with:			
Payee 1:	ss5,650.00 Name 1: J-MART MOTOR PT	E LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:			
Payee 3: (Strike if N.A.)	S\$ Name 3:			