15/5/2010

INS. CASE OWNER: JIMMY FOO | CC6/AIG20000689/Aea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 09/01/2020 Date / Time : 09/01/2020

Registered in Merimen: 09/01/2020

Pre-assign / CCU / FTE

X

Insured Vehicle No. : SJG 9789T Claim No. : 4006859204SG

Name of Insured : WILLY KOK MUN FAI Policy No. : 180062778-01

Insured Tel No. : HP: +65-96808636 Make / Model : MERCEDES-BENZ C180

Excess Sec II :S$ D.O.A : 07/01/2020 Place of Accident : JCT OF KAKI BUKIT RD & EUNOS LINK

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMA 1634E → → →

INSRS:
WSP: KANG CAR REPAIRERS
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMA 1634E - X SJG 9789T - NA/AIG11008171/s2; DOA: 02.05.11

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: LWP

Repair Cost: P/P S$ 2,546.35 (4 days) Reduction: 57 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08.08.20 Confirm with SHARON Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,724.59 OI REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 500.00 ($ 100 x 5 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: TP
Legal Cost	S$ -	3) Survey fee: $320
Total:	**S$** 3,226.59 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 08.08.20 Confirm with: SHARON Email ☐ Call ☐

Payee 1:	S$ 3,226.59	Name 1:	KANG CAR REPAIRERS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	