15/5/2010

INS. CASE OWNER:	CC 4, ASM 180 11753, wa3	LKK: IDAC: 53795

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 26/6/2018

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGV 3018 G	Claim No. :	S8MOVMO14
Name of Insured :	ABDUL AZIZ B. ABU JALLI	Policy No. :	GA220170
Insured Tel No. :	HP:	Make / Model :	T. AXIO
Excess Sec II :S$	D.O.A : 25/6/18	Place of Accident :	TPE TO AIRPORT
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age :	NORAINI'M BTE ABD AZIZ	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	91760765 (V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SKM 2230R → ______ → ______ → ______

INSRS: WSP: motorimage. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
28/6 vivian	SKM 2230R - X ; SGV 3018 G - X
	- Pending D/L & Summary -
8/5/19	Confirm accident details. inform TP claim. letter send out.
7/6/19	Email workshop given 10 days notice.
20/8/19.	Email to ACH close file No survey done
20/8/10	TO Cancel File NO survey done

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	8/5/19
After call ltr to OI:	Vivian.

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: p/p	S$ 1422.08 (2 days)	Reduction: 3482.72 % 71	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/09/2020	Confirm with SIOW HOOI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: 27.	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1521.63	(W/GST)	
Loss of Rental (LOR):	S$ 235.40 (2 days)	x $117.70 (W/GST)	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: [redacted] TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 1759.03	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1759.03	Name 1: MOTOR IMAGE ENTERPRISES PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	