15/5/2010

INS. CASE OWNER: Bernard Ler

CC6/AIG20002403/Fea3 ~~CC6/AIG20002403/Fka3~~

LKK:

IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 05/02/2020 Date / Time : 05/02/2020

Registered in Merimen: 11/02/2020

Pre-assign / CCU / FTE XX

Insured Vehicle No. : SMN 3906P Claim No. : 3531466187SG

Name of Insured : SALVARAJ JOSEPH Policy No. : 1900142629

Insured Tel No. : HP: +65-81881060 Make / Model : MITSUBISHI ATTRAGE-1.2 CVT (A)

Excess Sec II :S$ D.O.A : 28/01/2020 14:05 Place of Accident : ALONG LENTOR AVENUE

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**

SMG 9846B → → →

INSRS:
WSP: TAN LIM MOTOR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMG 9846B - CS/AIG19022246/Kqf3 ; DOA : 28.01.2020
	SMN 3906P NBA/AIG20001541/Y ; DOA : 28.01.2020
	** INCOMPLETE ESTIMATE

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: RAM

Repair Cost: P/P S$ 3,430.00 (8 days) Reduction: 42 % EXC CHECK ITEM $960 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
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$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP/WP
Legal Cost	S$		3) Survey fee: $290
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	