15/5/2010

INS. CASE OWNER: ANG Yvonne 6568804461 | CC4/ASM20002485/ Uga3 | LKK: IDAC: 160278

ASSIGNMENT

Surveyor: MARUS DOI: 13/7/2020 Date / Time : 12/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SMH 9855U

Name of Insured : SANDRA PEH CHAI HONG

Insured Tel No. : HP: +65-90309080

Excess Sec II :S$ D.O.A : 10/02/2020 18:50

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

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

Claim No. : S0M02G13

Policy No. : GA444374

Make / Model : HONDA VEZEL 1.5X CVT

Place of Accident : BLK 272D JURONG WEST ST 24 SERVICE ROAD

Nature of Accident :

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

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

SGV 3741B → ____ → ____ → ____

INSRS:
WSP: AUTOMOBILE
Tel : NTEGRATED
Liability : MANAGEMENT
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SGV 3741B - X	SMH 9855U - 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: L/S S$ 3300.00 (4 days) Reduction: 6089.55 % 65 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/04/2020 Confirm with JACYNE Email ✓ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 20	If NO or B 28, Ass. Lia :
Repair Cost: 3531.00	S$ 1765.50 (W/GST)	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU): 200.00	S$ 100.00 ($ 50.00 x 4 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
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 1865.50 **Global Sum S$:**	

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

Payee 1:	S$ 1865.50	Name 1:	AUTOMOBILE INTEGRATED MANAGEMENT PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	