

INS. CASE OWNER:

CC4 / A1G 2000 2862 / H 253

IDAC:

Surveyor:

LHA

DOI:

ASSIGNMENT

19/7/2020

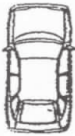
Date / Time:

19/7/2020

Registered in Merimen:

19/7/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 7478J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 7/2/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

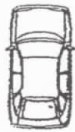
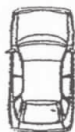
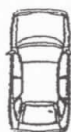
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMK 33T

INSRS:
WSP: SK Automobile
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMK 33T : X	Non-Reporting ltr (1st):	
	SMD 7478J : CC3 / A1G 2000 2295 / 6A3 ; DOA : 7/2/2020	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: LHA			
Repair Cost: L/S S\$ 19,450.00 (13 days) Reduction: 77 % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 03.09.20 Confirm with: HUEY LEE Email ☐ Call ☐			
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0%			
Repair Cost: S\$ 20,811.50 7VEH CC OID 6TH			
Loss of Rental (LOR) w/GST S\$ 2,739.20 (16 days) X \$160			
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\$ 7.45			
Medical: S\$ -			
Disbursement: S\$ - (e.g. Tow/ Independent)			
Legal Cost S\$ -			
Total: S\$ 23,558.15 Global Sum S\$ 22,750.00			
FINAL PAYMENT Date/Time: 03.09.20 Confirm with: HUEY LEE Email ☐ Call ☐			
Payee 1: S\$ 22,750.00 Name 1: SK AUTOMOBILE PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ Name 3: _____			