

15/5/2010

INS. CASE OWNER:

CC4/AIG20004201/11ba3

LKK:

IDAC:

Surveyor:

Taufith

DOI:

ASSIGNMENT

17/3/2020

Date / Time : 17/3/2020

Registered in Merimen: 18/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 4845C

Claim No. : 078851018156

Name of Insured : seetoh Wei-Min

Policy No. :

Insured Tel No. : HP: 84483872

Make / Model : Audi A2 1.0 TFSI 5 Tronic

Excess Sec II : \$\$ D.O.A : 14/03/2020

Place of Accident : Holland Road

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

SLR 2282C

INSRS:  
WSP: EM-1 AUTO  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                 | 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:                                                                                                     | 23/03/2020 - VIC                                                        |
|                                                                                                            | Documentation Check List:                                                                                                 | Handler Typist                                                          |
|                                                                                                            | Notification ltr (if non-pickup)                                                                                          | <input type="checkbox"/>                                                |
|                                                                                                            | After call ltr to OI:                                                                                                     | <input checked="" type="checkbox"/>                                     |
|                                                                                                            | Authorisation To Act:                                                                                                     | <input checked="" type="checkbox"/>                                     |
|                                                                                                            | Release Voucher:                                                                                                          | <input checked="" type="checkbox"/>                                     |
|                                                                                                            | Final Repair Bill:                                                                                                        | <input checked="" type="checkbox"/>                                     |
|                                                                                                            | Car Rental Invoice:                                                                                                       | <input type="checkbox"/>                                                |
|                                                                                                            | Towing Invoice:                                                                                                           | <input type="checkbox"/>                                                |
|                                                                                                            | LTA / GLA:                                                                                                                | <input checked="" type="checkbox"/>                                     |
|                                                                                                            | Medical Bill:                                                                                                             | <input type="checkbox"/>                                                |
|                                                                                                            | PIR:                                                                                                                      | <input type="checkbox"/>                                                |
|                                                                                                            | Mandate/Reject Instruction:                                                                                               | <input checked="" type="checkbox"/>                                     |
|                                                                                                            | LOD:                                                                                                                      | <input checked="" type="checkbox"/>                                     |
|                                                                                                            | Payment Breakdown Form:                                                                                                   | <input type="checkbox"/>                                                |
|                                                                                                            | Post-Repair Photos:                                                                                                       | <input type="checkbox"/>                                                |
|                                                                                                            | Others:                                                                                                                   | <input type="checkbox"/>                                                |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                              |                                                                                                                           |                                                                         |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                                                   |                                                                                                                           |                                                                         |
| Repair Cost: 45                                                                                            | SS 5,600.00 ( 7 days) Reduction: 43.56 %                                                                                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: 13/10/2020 Confirm with: KAREN                                          |                                                                                                                           |                                                                         |
| Final Liability:                                                                                           | % 100 (Agreed / Assessed) BOLA S/N No. : 24                                                                               | If NO or B 28, Ass. Lia : COI REPAIR - ENDED TP                         |
| Repair Cost: (w/ gst)                                                                                      | SS 5,992.00                                                                                                               |                                                                         |
| Loss of Rental (LOR):                                                                                      | SS ( days)                                                                                                                |                                                                         |
| Loss of Use (LOU):                                                                                         | SS 700.00 (\$100 x 7 days)                                                                                                |                                                                         |
| Loss of Income (LOI):                                                                                      | SS (\$ x days)                                                                                                            |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>                                        | <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> (Tick only one) |                                                                         |
| GIA/LTA Search                                                                                             | SS 36.45                                                                                                                  |                                                                         |
| Medical:                                                                                                   | SS                                                                                                                        |                                                                         |
| Disbursement:                                                                                              | SS (e.g. Tow/ Independent )                                                                                               |                                                                         |
| Legal Cost                                                                                                 | SS                                                                                                                        |                                                                         |
| Total:                                                                                                     | SS 6,728.45 Global Sum SS: 6,700.00                                                                                       |                                                                         |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                                                                                           |                                                                         |
| Payee 1:                                                                                                   | SS 6,700.00 Name 1: EM-1 AUTO PTE LTD                                                                                     |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                  | SS = Name 2:                                                                                                              |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                  | SS = Name 3:                                                                                                              |                                                                         |

COPY SENT  
14/10/2020