

INS. CASE OWNER:

CC 4 /AIG 2000 5771 / R1ds3

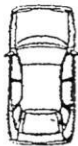
LKK:

IDAC:

ASSIGNMENT

Surveyor: RASULDOI: 03/06/2020Date / Time : 18/05/2020Registered in Merimen: 18/05/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLJ 5544U

Claim No. : _____

Name of Insured : ONG LINDA

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 10/05/2020

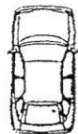
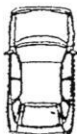
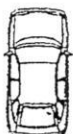
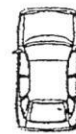
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT YES NO ; TP GIA REPORT YES NODriver Tel No. : _____ (V/L YES NO)

Insured Liability : _____ % Final ? Yes / No

SLZ 112GINSRS:
WSP: MTM
Tel : PERFORMANCE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLZ 112G : X ; SLJ 5544U : 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: S\$ 4,300.00 (4 days) Reduction: 73 %

Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 15/10/2020 Confirm with ErwinEmail ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 4,300.00

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 240.00 (\$ 60 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\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 4,540.00

Global Sum S\$:

FINAL PAYMENT Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 4,540.00

Name 1: MTM Performance Auto Pte Ltd

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

1) Claim status: Normal ~~Reject/ Private Sumi~~

2) Report Format: TP

3) Survey fee: \$320