15/5/2010

INS. CASE OWNER:

CC4/FCI20005916/ea3

LKK:

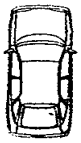
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 26/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8847D

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 20/05/2020

Is driver the owner? (YES / NO)

Claim No. : D20002196MFSH

Policy No. : D-20094922MFSH

Make / Model : _____

Place of Accident : HOUGANG AVE 4

Nature of Accident : _____

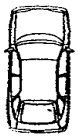
If **NO**, Driver Name / Age :

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

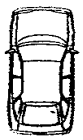
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

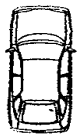
SMA 2153U → _____ → _____ → _____



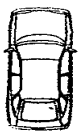
INSRS:
WSP: JIN AUTO SERVICES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMA 2153U - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SH 8847D - NS/INC12003055/H1qn ; 10/02/2012	Non-Reporting ltr (Final):	
	CC3/EQI14012293/H1ua3q2 ; 29/06/2014	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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: CKS
Repair Cost: L/S	S$ 1,600.00 (3 days)	Reduction: 53 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15.10.20	Confirm with JOUIS	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,712.00	OID CHANGED LANE HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 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: $350
Total:	**S$** 1,892.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 15.10.20	Confirm with: JOUIS	Email ☐ Call ☐

Payee 1:	S$ 1,892.00	Name 1:	JIN AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	