

INS. CASE OWNER: Chee-Heng

CC6/AIG20006172/Ukv3

IDAC:

ASSIGNMENTSurveyor: MARCUSDOI: 09/06/2020Date / Time : 08/06/2020Registered in Merimen: 08/06/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMS 6241CClaim No. : 3414248039SGName of Insured : ADRIAN RUBEN EMMANUEL BISMARCKPolicy No. : 2070028707

Insured Tel No. : _____ HP: _____

Make / Model : MITSUBISHI OUTLANDER-2.0 (A)Excess Sec II :S\$ _____ D.O.A : 05/06/2020Place of Accident : SLIP ROAD OF BISHAN STREET 11
TOWARDS BISHAN 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

SMC 5579UINSRS: TAN LIM
WSP: MOTOR
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SMC 5579U - X	SMS 6241C - 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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ 3,350.00	(4 days) Reduction: 9,312.20/74%	Email	☐ Call ☐
FINAL SETTLEMENT Date/Time:	25/9/2020	Confirm with patricia	Email	☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/ GST)	S\$ 3,584.50			
Loss of Rental (LOR):	S\$	(days)		
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\$ 2.00			
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:	\$320
Total:	S\$ 3,586.50	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email	☐ Call ☐
Payee 1:	S\$ 3,586.50	Name 1:	TAN LIM MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		