15/5/2010

INS. CASE OWNER: CC 4 /AIG 2000 6464 / Aes3

LKK:

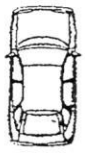
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 23/06/2020 Date / Time : 19/06/2020

Registered in Merimen: 19/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJJ 4699L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

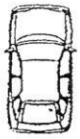
Excess Sec II :S$ D.O.A : 18/06/2020 Place of Accident :

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

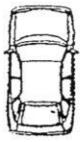
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

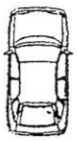
SMH 5883P → → →



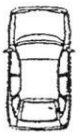
INSRS:
WSP: DYNAMIC
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMH 5883P : NA/AIG20006455/r3 ; DOA : 18/06/2020
	SJJ 4699L :

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: LWP
Repair Cost: L/S	S$ 6,200.00 (5 days)	Reduction: 74 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 22.09.20	Confirm with MICHELLE	Email [ ] Call [ ]
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 6,634.00		OID REVERSED INTO PARKING LOT HIT TP PARKED VEH
Loss of Rental (LOR):	S$ 750.00 (5 days)	X $150	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only [✓] LOU only [ ]	LOR + LOU [ ]	LOR + LOI [ ] [Tick only one]	
GIA/LTA Search	S$ -		
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: $320
Total:	S$ 7,384.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 22.09.20	Confirm with: MICHELLE	Email [ ] Call [ ]

Payee 1:	S$ 7,384.00	Name 1:	DYNAMIC AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	