15/5/2010

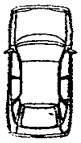
INS. CASE OWNER: Goh, Jeremy | CC4/AIG20006596/ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23.06.2020

Registered in Merimen: 23.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKH 920Y | Claim No. : 1242590517SG

Name of Insured : | Policy No. :

Insured Tel No. : | HP: | Make / Model :

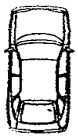
Excess Sec II :S$ | D.O.A : 19.06.2020 | Place of Accident :

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

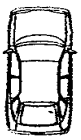
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

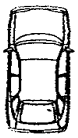
GBH 7002H → _____ → _____ → _____



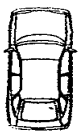
INSRS:
WSP: Automobile Integrated Management Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBH 7002H SKH 920Y - NA/CTI20006528/z4 ; 19.06.2020	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: CKS

Repair Cost: L/S S$ 3,500.00 (4 days) Reduction: 70 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 23.11.20 Confirm with JACYNE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,745.00 OI REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 400.00 ($100 x 4 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ -	
Medical:	S$ -	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $320
Total:	**S$** 4,145.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 23.11.20 Confirm with: JACYNE Email ☐ Call ☐

Payee 1:	S$ 4,145.00	Name 1:	AUTOMOBILE INTEGRATED MANAGEMENT PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	