

INS. CASE OWNER:

CC 4 / FWD 2000 6630 / Ags3

LKK:
IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 25/06/2020Date / Time : 24/06/2020Registered in Merimen: 24/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJD 2894J

Claim No. : _____

Name of Insured : CHUA AH SIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 23/06/2020

Place of Accident : _____

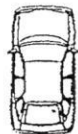
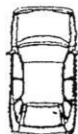
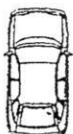
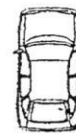
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

Insured Liability : _____ % Final ? Yes / No

GV 2993Y

INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GV 2993Y : NA/TIC12016469/k ; DOA : 24/07/2012 SJD 2894J : 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: _____	Confirm with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	Email ☐ Call ☐
Repair Cost: L/S	S\$ 3000.00 (5 days) Reduction: 4566.30 % 60		
FINAL SETTLEMENT	Date/Time: 06/08/2020 Confirm with SUKYI	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3000.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 360.00 (\$ 6 x 60 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: \$500.00	
Total:	S\$ 3362.00 Global Sum S\$: 3350.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3350.00 Name 1: SM AUTOMOTIVE		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		