15/5/2010

INS. CASE OWNER: CC 4 / ASM 2000 6663 / Aps3

LKK:

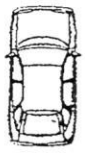
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 30/06/2020 Date / Time : 25/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 303X

Name of Insured : LECCA CAR LEASING

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ $2000 D.O.A : 22/06/2020

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

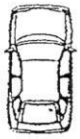
Place of Accident :

Nature of Accident :

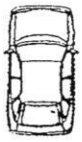
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

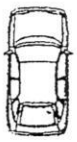
SMH 8860K → _____ → _____ → _____



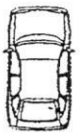
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMH 8860K : X ; GBF 303X : X
26/06/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER
30/06/2020	✓ OI GIA Rec'd
27/07/2020	Pls refer to VIEWS for details.

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:

Repair Cost L/sum S$ 3,300.00 (5 days) Reduction: 66 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/07/2020 Confirm with Sukyi Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,300.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 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 Sett~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 3,602.00 **Global Sum S$:** 3,600.00	

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

Payee 1:	S$ 3,600.00	Name 1:	SM AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	