

INS. CASE OWNER:

CC 4 /AIG 2000 7153 / Kes3

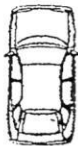
LKK:

IDAC:

## ASSIGNMENT

Surveyor: KennethDOI: 09/07/2020Date / Time : 09/07/2020Registered in Merimen: 09/07/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKG 1989Z

Claim No. : \_\_\_\_\_

Name of Insured : ACMECA COOLING SYSTEM & ENGINEERING PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 06/07/2020

Place of Accident : \_\_\_\_\_

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

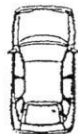
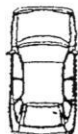
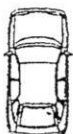
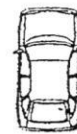
If NO, Driver Name / Age :

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

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

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

GBA 9953L

INSRS:  
WSP: SUPREME  
Tel: AUTO  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | GBA 9953L : NA/AIG17016818/z4 ; DOA : 29/08/2017<br>SKG 1989Z : CC3/AIG20007130/Avf3 ; DOA : 06/07/2020 | STAGE                                                        | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | - Please check / verify OID DL                                                                          | 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)                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | After call ltr to OI:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Authorisation To Act:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Release Voucher:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Final Repair Bill:                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Car Rental Invoice:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Towing Invoice                                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | LTA / GIA :                                                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Medical Bill:                                                | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | PIR:                                                         | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Mandate/Reject Instruction:                                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | LOD                                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Payment Breakdown Form:                                      | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                         | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE                                                                                                                                                   | Date/Time: _____ Sent By: _____                                                                         | Confirm by: <u>KSC</u>                                       |                                                   |
| FINALIZATION                                                                                                                                                         | Date/Time: _____ Confirm with: _____                                                                    | Confirm by: <u>KSC</u>                                       |                                                   |
| Repair Cost:                                                                                                                                                         | <u>L/S</u> S\$ <u>2,300.00</u> ( <u>4</u> days) Reduction: <u>65</u> %                                  | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| FINAL SETTLEMENT                                                                                                                                                     | Date/Time: <u>31.03.21</u> Confirm with: <u>CHEW KEONG</u>                                              | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>                                               | If NO or B 28, Ass. Lia :                                    |                                                   |
| Repair Cost:                                                                                                                                                         | S\$ <u>2,300.00</u>                                                                                     | <u>OID REAR ENDED TP</u>                                     |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ - ( _____ days)                                                                                     |                                                              |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <u>480.00</u> (\$ <u>80</u> x <u>6</u> days)                                                        |                                                              |                                                   |
| Loss of Income (LOI):                                                                                                                                                | S\$ - (\$ _____ x _____ days)                                                                           |                                                              |                                                   |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: <u>TP</u>                                  |                                                   |
| Legal Cost                                                                                                                                                           | S\$ -                                                                                                   | 3) Survey fee: <u>\$320</u>                                  |                                                   |
| Total:                                                                                                                                                               | S\$ <u>2,780.00</u> Global Sum S\$:                                                                     |                                                              |                                                   |
| FINAL PAYMENT                                                                                                                                                        | Date/Time: <u>31.03.21</u> Confirm with: <u>CHEW KEONG</u>                                              | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | S\$ <u>2,780.00</u> Name 1: <u>SUPREME AUTO SERVICE PTE LTD</u>                                         |                                                              |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ _____ Name 2: _____                                                                                 |                                                              |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ _____ Name 3: _____                                                                                 |                                                              |                                                   |