15/5/2010

INS. CASE OWNER: CC 4 /AIG 2000 7522 / Kes3

LKK:

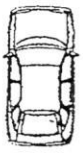
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 22/07/2020 Date / Time : 21/07/2020

Registered in Merimen: 21/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 133L Claim No. :

Name of Insured : AGARWAL VINAY Policy No. :

Insured Tel No. : HP: Make / Model :

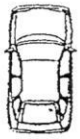
Excess Sec II :S$ D.O.A : 17/07/2020 Place of Accident :

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

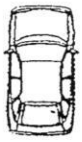
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

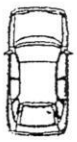
GX 7024B → → →



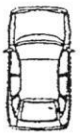
INSRS:
WSP: KUM CHEW
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GX 7024B : X SMP 133L : 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:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 8,000.00 (8 days)	Reduction: 55 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02.03.21	Confirm with MDM LIM	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 4a	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 8,560.00	OID TRAVEL STRAIGHT TO THE MAIN ROAD HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 1,000.00 ($100 x 10 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$ 7.45		
Medical:	S$ -		1) Claim status: Normal/~~Reject/Private Sent~~
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	**S$ 9,567.45**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 02.03.21	Confirm with: MDM LIM	Email ☐ Call ☐

Payee 1:	S$ 9,567.45	Name 1:	KUM CHEW MOTOR WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	