

INS. CASE OWNER:

CC4 /AIG 2000 8105 / Kes3

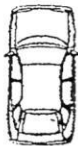
LKK:

IDAC:

## ASSIGNMENT

Surveyor: KennethDOI: 06/08/2020Date / Time : 05/08/2020Registered in Merimen: 05/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMF 8976X

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

Name of Insured : MR SHAUN TEOH WEI KEAT

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

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

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

Excess Sec II : \$\$ \_\_\_\_\_ D.O.A : 31/07/2020

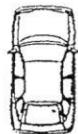
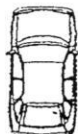
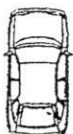
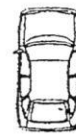
Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age : \_\_\_\_\_

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

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

SJR 2463XINSRS:  
WSP: AH LIM  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SJR 2463X : X ; SMF 8976X : 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: KSCRepair Cost: P/P \$S 932.58 ( 2 days) Reduction: 72 %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 03.04.21Confirm with MUI HONGEmail ☐ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: w/GST \$S 997.85OI TRAVEL AGAINST TRAFFIC FLOWLoss of Rental (LOR): \$S 200.00 ( 2 days) X \$100

Loss of Use (LOU): \$S - (\$ x 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 -

Disbursement: \$S - (e.g. Tow/ Independent )

Legal Cost \$S -

Total: \$S 1,199.85

Global Sum \$S:

FINAL PAYMENT

Date/Time: 03.04.21Confirm with: MUI HONGEmail ☐ Call ☐Payee 1: \$S 1,199.85Name 1: AH LIM MOTOR COMPANY

Payee 2: (Strike if N.A.) \$S

Name 2:

Payee 3: (Strike if N.A.) \$S

Name 3:

1) Claim status: Normal/Reject Private Sewer

2) Report Format: TP3) Survey fee: \$320