

INS. CASE OWNER:

CC 4 /AIG 2000 8392 / Ges3

LKK:

IDAC:

ASSIGNMENT

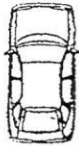
Surveyor: XGQ

DOI: 13/08/2020

Date / Time : 13/08/2020

Registered in Merimen: 13/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMR 3913Y

Claim No. : _____

Name of Insured : CHEN MIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 11/08/2020

Place of Accident : _____

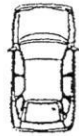
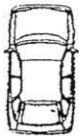
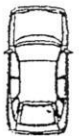
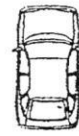
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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

SMK 6540G

INSRS:
WSP: VIN'S MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMK 6540G : X ; SMR 3913Y : 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 by: XGQ	
FINALIZATION	Date/Time: Confirm with:	Confirm by: XGQ	
Repair Cost: P/P	\$S 1,913.05 (4 days) Reduction: 16 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 11.09.20 Confirm with: RAYMOND	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 11c	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 2,046.96		
Loss of Rental (LOR):	\$S 600.00 (6 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 -	1) Claim status: Normal/ Reject/ Private Settlement	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$320	
Total:	\$S 2,648.96 Global Sum \$S:		
FINAL PAYMENT	Date/Time: 11.09.20 Confirm with: RAYMOND	Email ☐ Call ☐	
Payee 1:	\$S 2,648.96 Name 1: VIN'S MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		