15/5/2010

INS. CASE OWNER: CC4/EQI20008419/ga3

LKK:

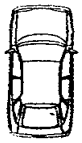
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13/08/2020

Registered in Merimen: ___

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 3675Z

Name of Insured : NORJANNA BTE ALI

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 05/08/2020 17:45

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

Claim No. : DM20HO01128-JG

Policy No. : DMPPHQ20-003557

Make / Model : VOLVO XC60 T5

Place of Accident : JUNCTION BETWEEN BUKIT PANJANG RD & JELEBU RD

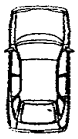
If **NO**, Driver Name / Age :

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

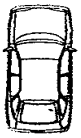
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

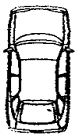
SMA 3675Z → SMA 7122B → SLF 858T →



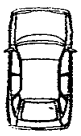
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: Trans Eurokars
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				STAGE	DATE / PIC
	SMA 7122B - X	SMA 3675Z - X		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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	☐ / ☐
				Others:	☐ / ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 9244.50 (7 days) Reduction: 10,082.20	% 52	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/01/2021	Confirm with JEN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 9891.62 W/GST		
Loss of Rental (LOR):	S$ 856.00 (8 days)	x $107.00 W/GST	
Loss of Use (LOU):	S$ ($ x days)		C.C (OI LAST)
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**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: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 10,747.62	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 10,747.62	Name 1:	TRANS EUROKARS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	