

INS. CASE OWNER:

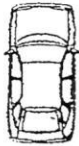
CC 4 /AIG 2000 8595 / Kes3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 24/08/2020Date / Time : 18/08/2020Registered in Merimen: 18/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 3443H
 Name of Insured : ABUNDANT LIFE PLANNERS PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 15/08/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

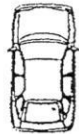
If NO, Driver Name / Age :

Driver Tel No. :

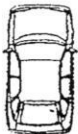
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : _____ % Final ? Yes / No

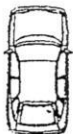
SMM 1353C



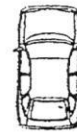
INSRS:
WSP: MBM WHEELPOWER
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SMM 1353C : X ; SMN 3443H : 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: <u>KSC</u>	
Repair Cost:	<u>L/S</u> \$S <u>2,050.00</u>	(<u>2</u> days) Reduction: <u>80</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>15.10.20</u>	Confirm with <u>IVY</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>24</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>w/GST</u> \$S <u>2,193.50</u>	<u>OID EXIT FROM PARKING LOT HIT TP</u>		
Loss of Rental (LOR)	<u>w/GST</u> \$S <u>321.00</u>	(<u>3</u> 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 <u>2.00</u>			
Medical:	\$S -	1) Claim status: Normal <u>Reject/Print/Submit</u>		
Disbursement:	\$S -	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S -	3) Survey fee: <u>\$320</u>		
Total:	\$S <u>2,516.50</u>	Global Sum \$S: <u>2,500.00</u>		
FINAL PAYMENT	Date/Time: <u>15.10.20</u>	Confirm with: <u>IVY</u>	Email ☐	Call ☐
Payee 1:	\$S <u>2,500.00</u>	Name 1: <u>MBM WHEELPOWER PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		