

INS. CASE OWNER:

CC 4 /AIG 2000 8601 / Kds3

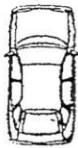
LKK:

IDAC:

ASSIGNMENT

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

Pre-assign / CCU / FTE

Insured Vehicle No. : SGN 7317J

Claim No. : _____

Name of Insured : TONG CHONG CHU

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 13/08/2020

Place of Accident : _____

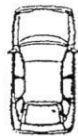
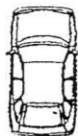
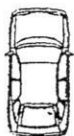
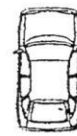
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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

SML 7610B

INSRS:
WSP: MUNICH
Tel: AUTOCARE
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	SML 7610B : X SGN 7317J : NBA/AIG20008452/Y ; DOA : 13/08/2020		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:	
Repair Cost:	\$S 7,750.00 (8 days)	Reduction: 45 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 21/10/2020	Confirm with: Angela	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%	
Repair Cost: (w/GST)	\$S 8,292.50		6 veh C.C, OI was 3rd	
Loss of Rental (LOR):	\$S - (days)			
Loss of Use (LOU):	\$S 640.00 (\$ 80 x 8 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 Report/Private Settlement	
Disbursement:	\$S - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	\$S -		3) Survey fee: \$320	
Total:	\$S 8,934.50	Global Sum \$S:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	\$S 8,934.50	Name 1:	Munich Autocare Pte Ltd	
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		