

INS. CASE OWNER:

CC6 / AIG 2000 8619 / Aes3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

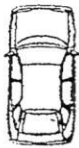
Adrian

DOI: 17/08/2020

Date / Time : 17/08/2020

Registered in Merimen: 18/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 8880X

Claim No. : _____

Name of Insured : CHOW ANNIE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 14/08/2020

Place of Accident : _____

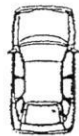
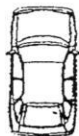
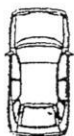
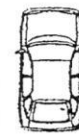
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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

PA 7633H

INSRS:
WSP: J-MART
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PA 7633H : SLB 8880X :	STAGE	DATE / PIC
	NA/INC20008492/z4 ; DOA : 14/08/2020	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: LWP	
Repair Cost:	L/S S\$ 3,050.00 (5 days) Reduction: 44 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 14.04.21 Confirm with J-MART	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 3,263.50	OI MAKE A RH TURN INTO MAIN ROAD	
Loss of Rental (LOR):	S\$ 840.00 (7 days) X \$120		
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\$ -		
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\$ 4,103.50 Global Sum S\$: 4,100.00		
FINAL PAYMENT	Date/Time: 14.04.21 Confirm with: J-MART	Email ☐ Call ☐	
Payee 1:	S\$ 4,100.00 Name 1: J-MART MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		