

INS. CASE OWNER:

CC4 /AIG 2000 8874 / Kes3

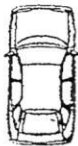
LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 27/08/2020Date / Time : 24/08/2020Registered in Merimen: 24/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJH 4429K

Claim No. : _____

Name of Insured : CATHERINE YAP AI NEE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 22/08/2020

Place of Accident : _____

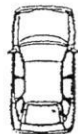
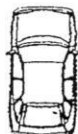
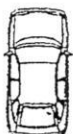
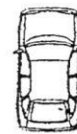
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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

SMA 7463S

INSRS:
WSP: TTS EUROCARS
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMA 7463S : X SJH 4429K : CS/AIG16012288/M1tbd1 ; DOA : 28/06/2016		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>P/P</u> \$S <u>8,954.64</u>	(<u>8</u> days) Reduction:	<u>54</u> % Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>11.03.21</u>	Confirm with: <u>KAVI</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>9,581.46</u>	<u>OI EXIT PARKING SPACE HIT TP</u>		
Loss of Rental (LOR):	\$S <u>1,200.00</u>	(<u>12</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/Private Settle</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>10,783.46</u>	Global Sum \$S:		
FINAL PAYMENT	Date/Time: <u>11.03.21</u>	Confirm with: <u>KAVI</u>	Email ☐ Call ☐	
Payee 1:	\$S <u>10,783.46</u>	Name 1:	<u>TTS EUROCARS PTE LTD</u>	
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		