

INS. CASE OWNER:

CC6 / AIG 2000 9311 / Uds3

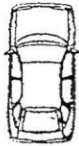
LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 02/09/2020Date / Time : 02/09/2020Registered in Merimen: 02/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJP 2819P

Claim No. : _____

Name of Insured : JUNE CHUI KAWAI FONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 28/08/2020

Place of Accident : _____

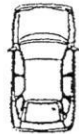
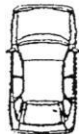
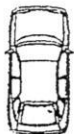
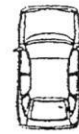
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SLN 7480K

INSRS:
WSP: **SUPER-ZEE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLN 7480K : X SJP 2819P : NA/CTI17023894/r3 ; DOA : 16/12/2017	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 1,500.00 (3 days) Reduction: 77 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>22/09/2020</u> Confirm with <u>Christina</u>	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9(c)	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,500.00		
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 210.00 (\$ 70 x 3 days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S 7.45		
Medical:	\$S -	1) Claim status: Normal Reject Private Sum	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$320	
Total:	\$S 1,717.45 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 1,717.45 Name 1: Super-Zee Motor Service		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		