

INS. CASE OWNER:

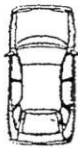
CC 4 / AIG 2000 9337 / Aes3

LKK:
IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 03/09/2020Date / Time : 02/09/2020Registered in Merimen: 02/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMN 3099T

Claim No. : _____

Name of Insured : ONG BENG HONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 29/08/2020

Place of Accident : _____

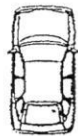
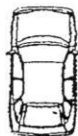
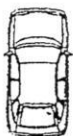
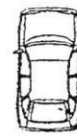
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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 1974R

INSRS:
WSP: STK AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SML 1974R : X ; SMN 3099T : 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>LWP</u>	
Repair Cost:	P/P \$S <u>3,414.70</u>	(<u>4</u> days) Reduction: <u>81</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>19.02.21</u>	Confirm with <u>GUOHUA</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST \$S <u>3,653.73</u>	<u>OID REAR ENDED TP</u>		
Loss of Rental (LOR):	\$S -	(<u> </u> days)		
Loss of Use (LOU):	\$S <u>500.00</u>	(\$ <u>100</u> x <u>5</u> days)		
Loss of Income (LOI):	\$S -	(\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒	☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	\$S <u>7.45</u>			
Medical:	\$S -		1) Claim status: Normal <u>Reject Private Settlement</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>4,161.18</u>	Global Sum \$S: <u>4,160.00</u>		
FINAL PAYMENT	Date/Time: <u>19.02.21</u>	Confirm with: <u>GUOHUA</u>	Email ☐ Call ☐	
Payee 1:	\$S <u>4,160.00</u>	Name 1: <u>STK AUTO (S) PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		