

INS. CASE OWNER:

CC 6 /AIG 2000 9398 / Aes3

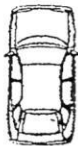
LKK:

IDAC:

ASSIGNMENT

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

Pre-assign / CCU / FTE

Insured Vehicle No. : SLS 1885P

Claim No. : _____

Name of Insured : ZOU QIBIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 02/09/2020

Place of Accident : _____

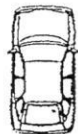
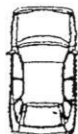
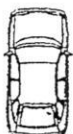
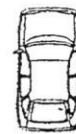
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SMN 263E

INSRS:
WSP: NEW HOCK TECK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMN 263E : X SLS 1885P : CC3/AIG20009381/Ayf3 ; DOA : 02/09/2020	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: _____	Confirm by: <u>LWP</u>	
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: <u>LWP</u>	
Repair Cost:	<u>L/S</u> S\$ <u>10,800.00</u> (<u>10</u> days) Reduction: <u>81</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>09.03.21</u> Confirm with <u>SUKYI</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:	<u>w/GST</u> S\$ <u>11,556.00</u> <u>OID REAR ENDED TP</u>		
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ <u>1,080.00</u> (\$ <u>90</u> x <u>12</u> 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/Print</u> <u>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>12,638.00</u> Global Sum S\$: <u>12,600.00</u>		
FINAL PAYMENT	Date/Time: <u>09.03.21</u> Confirm with: <u>SUKYI</u>	Email ☐ Call ☐	
Payee 1:	S\$ <u>12,600.00</u> Name 1: <u>NEW HOCK TECK MOTOR PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		