

INS. CASE OWNER:

CC4 /AIG 2000 9624 / Kds3

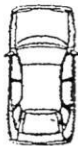
LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 08/09/2020Date / Time : 08/09/2020Registered in Merimen: 08/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 2861J

Claim No. : _____

Name of Insured : LIM CHYE NEO

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 31/08/2020

Place of Accident : _____

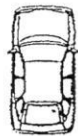
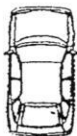
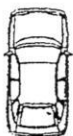
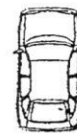
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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

SGH 1597M

INSRS:
WSP: ALAN'S UNITED
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGH 1597M : CC6/CAI15002335/Kpa3q2 ; DOA : 06/02/2015 SMD 2861J : 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:	
Repair Cost: <u>L/SUM</u>	\$S <u>1,350.00</u> (<u>3</u> days)	Reduction: <u>45</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>13/7/2021</u>	Confirm with: <u>SHI JIE</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed)	BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S <u>1,444.50</u>			
Loss of Rental (LOR):	\$S (_____ days)			
Loss of Use (LOU):	\$S <u>150.00</u> (\$ <u>50</u> x <u>3</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 Reject Private Sewer		
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	\$S	3) Survey fee: <u>320.00</u>		
Total:	\$S <u>1,596.50</u>	Global Sum \$S:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$S <u>1,596.50</u>	Name 1:	<u>Alan's United Auto Pte. Ltd.</u>	
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		