15/5/2010

INS. CASE OWNER: CC6/EQI20009752/Kba3

LKK:

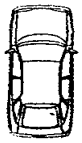
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 9/9/2020 Date / Time : 9/9/2020

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 6305G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

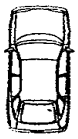
Excess Sec II :S$ D.O.A : 6/9/2020 17:45 Place of Accident : CTE TOWARDS CENTRAL NEAR AMK AVE 1 & BRADDLE RD

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

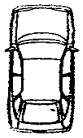
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

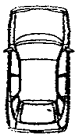
GBE 6305G → SMN 9538D → GZ188J →



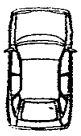
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP:
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMN 9538D -X GBE 6305G - X	
15/12/2020	SETTLED AND CLOSED / ALL DOCS IN P DRIVE	

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: L/S S$ 12,000.00 (9 days) Reduction: 43.51 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/12/2020 Confirm with ANGELA TAN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: (W/GST)	S$ 12,840.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 720.00 ($ 80 x 9 days)	3 veh c.c , OI is the last car
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 2.00	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $400.00
Total:	**S$** 13,562.00 **Global Sum S$:** 13,350.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 13,350.00	Name 1:	MUNICH AUTOCARE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	