

INS. CASE OWNER:

CC 4 / ASM 2000 9798 /

b33

ASSIGNMENT

Surveyor:

Adrian

DOI:

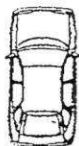
08/09/2020

Date / Time :

14/09/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 5577P

Claim No. : _____

Name of Insured : ACM CONTRACTING PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS D.O.A : 04/09/2020

Place of Accident : _____

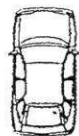
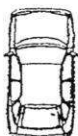
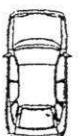
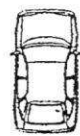
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SMQ 9957L

INSRS:
WSP: N-51
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMQ 9957L : CS/CTI20009590/Ayf3 ; DOA : 04/09/2020 YP 7755P : 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 / GLA :	☐ ☐
		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: LWP		
Repair Cost:	L/S S\$ 4,700.00 (5 days) Reduction: 40 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 10.09.21 Confirm with MELODY	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 5,029.00	OID HIT TP PARKED VEH	
Loss of Rental (LOR):	S\$ 500.00 (5 days) X \$100		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 36.45		
Medical:	S\$ -	1) Claim status: Normal/Reject Private Smb	
Disbursement:	S\$ 100.00 (e.g. Tow/Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$350	
Total:	S\$ 5,665.45 Global Sum S\$ 5,660.00		
FINAL PAYMENT	Date/Time: 10.09.21 Confirm with: MELODY	Email ☐	Call ☐
Payee 1:	S\$ 5,660.00 Name 1: TWINCAR AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		