

INS. CASE OWNER:

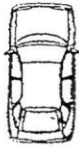
CC 4 /AIG 2000 9820 / Ars3

LKK:
IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 16/09/2020Date / Time : 14/09/2020Registered in Merimen: 14/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMT 5952K

Claim No. : _____

Name of Insured : DAIMLER SOUTH EAST ASIA PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 13/09/2020

Place of Accident : _____

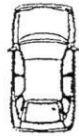
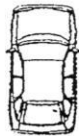
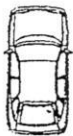
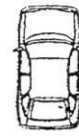
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SLT 6737X

INSRS:
WSP: VISION
Tel: AUTOWORK
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	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> \$ <u>7,400.00</u> (<u>8</u> days) Reduction: <u>77</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>06.01.2021</u> Confirm with <u>MICHELLE</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: <u>w/GST</u> \$ <u>7,918.00</u>		
Loss of Rental (LOR): \$ (<u> </u> days)		
Loss of Use (LOU): \$ <u>480.00</u> (\$ <u>60</u> x <u>8</u> days)		
Loss of Income (LOI): \$ (\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search \$ <u>36.45</u>		
Medical: \$		
Disbursement: \$ (e.g. Tow/ Independent)		
Legal Cost \$		
Total: \$ <u>8,434.45</u> Global Sum \$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: \$ <u>8,434.45</u> Name 1: <u>VISION AUTOWORK PTE LTD</u>		
Payee 2: (Strike if N.A.) \$ Name 2:		
Payee 3: (Strike if N.A.) \$ Name 3:		

1) Claim status: Normal/ ~~Reject/Private Sum~~2) Report Format: TP
3) Survey fee: 320.00