

INS. CASE OWNER:

CC4/AIG20011172/Kba3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **14/10/2020**Registered in Merimen: **15/10/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SFA 8282Z**

Claim No. : _____

Name of Insured : **LIM YEOW BENG**Policy No. : **2100264857 - 09**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **10/10/2020 18:15**Place of Accident : **ALONG PIE**

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**SJK 8134T****→ SFA 8282Z →****SFT 1121B****→**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP: MOTOR
EDGEVANTAGE
Tel :
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SFT 1121B - X**SFA 8282Z - 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:

☐☐**17/02/2021 SETTLED AND CLOSED / NO PHY FILE****PRELIMINARY ADVICE** Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: **P/P**S\$ **10,592.48** (**5** days) Reduction: **38.72** %Email ☐ Call ☐**FINAL SETTLEMENT**Date/Time: **16/02/2021**Confirm with **MANDY NEO**Email ☒ Call ☐

Final Liability:

% **100** (Agreed / Assessed) BOLA S/N No. : **28**If NO or B 28, Ass. Lia : **0%**

Repair Cost: (W/GST)

S\$ **11,333.95**

Loss of Rental (LOR):

S\$ **900.00** (**6** days) x \$150.00

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\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**

3) Survey fee:

\$320.00**Total: S\$ 12,233.95****Global Sum S\$:****FINAL PAYMENT**

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ **12,233.95**

Name 1:

MOTOR EDGEVANTAGE PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: