

ASSIGNMENTSurveyor: KennethDOI: 14/12/2020Date / Time : 11/12/2020Registered in Merimen: 11/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMP 9690K

Claim No. : _____

Name of Insured : THIRUCHELVAM S/O SINGARAVELU

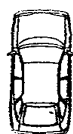
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 07/12/2020Place of Accident : AMK AVE 5 / YCK RD SLIP RDIs 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****SLE 2803T**INSRS:
WSP:
Tel : AH LIM MOTOR
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLE 2803T : X	STAGE
	SMP 9690K : CS/AIG20013448/Evf3 ; DOA : 07/12/2020	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P	S\$ 1479.60 (3 days) Reduction: \$750.24 % 34	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/04/2021 Confirm with MUI HONG	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,583.17 W/GST	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 150.00 (\$ 50 x 3 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [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: \$320.00
Total:	S\$ 1,735.17 Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 1,735.17	Name 1: AH LIM MOTOR COMPANY
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: