	CC6/AIG20014534/Uba3	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: **28/12/2020**   Date / Time : **28/12/2020**

Registered in Merimen: **28/12/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SCG 50H**	Claim No. :	
Name of Insured :	Policy No. :	
Insured Tel No. : HP:	Make / Model :	
Excess Sec II :S$ D.O.A : **26/12/2020**	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 / NO	
Driver Tel No. : (V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**	

SDW 9078Z ———→ ————→ ————→

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **TAN LIM**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SDW 9078Z - NA/CTI18016568/k4 ; 10/09/2018	Non-Reporting ltr (1st):	
	NA/INC18016549/h4 ; 10/09/2018	Non-Reporting ltr (2nd):	
	SCG 50H - X	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:	✓	☐
19/04/2021	**SETTLED AND CLOSED / NO PHY FILE**	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: Confirm by:

Repair Cost: **L/S** S$ **1,700.00** (**3** days) Reduction: **63.71** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **16/04/2021** Confirm with: **SHARON TEN**   Email ✓ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :		
Repair Cost: **(W/GST)** S$ **1,819.00**			
Loss of Rental (LOR): S$ **267.50** (**2.5** days) **X $100.00**	**OID reversed**		
Loss of Use (LOU): S$ ($ x days)			
Loss of Income (LOI): S$ ($ x days)			
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search S$ **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: **$320.00**		
Total: S$ **2,088.50** **Global Sum S$:**			

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

Payee 1: S$ **2,088.50**	Name 1: **TAN LIM MOTOR PTE LTD**		
Payee 2: (Strike if N.A.) S$	Name 2:		
Payee 3: (Strike if N.A.) S$	Name 3:		