15/5/2010

| | | | LKK: |
| INS. CASE OWNER: | | CC4/AIG21000924/Apa3 | IDAC: |

ASSIGNMENT

Surveyor: **Adrian**   DOI: **20/01/2021**   Date / Time : **19/01/2021**

Registered in Merimen: **19/01/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMT 1056Z**   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **19.01.2021**   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**

SJJ 8005M ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **ISHARE**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJJ 8005M - CC3/AIG18013980/R1eb3q2 ; 28/07/2018	Non-Reporting ltr (1st):	
	NBA/AIG21000904/Y ; 19/01/2021	Non-Reporting ltr (2nd):	
	SMT 1056Z - NBA/AIG21000904/Y ; 19.01.2021	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
02/07/2021	Pls refer to Views for details.	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: **L/sum** S$**8,000.00** (**7** days) Reduction: **60** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **02/07/2021** Confirm with: **Michelle**   Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **8,000.00**	
Loss of Rental (LOR):	S$ **960.00** (**8** days) x **$120.00**	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ **36.45**	
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: **$320.00**
Total:	S$ **8,996.45** **Global Sum S$: 8,900.00**	

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

Payee 1:	S$ **8,900.00**	Name 1:	**Ishare Auto Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	