15/5/2010

INS. CASE OWNER: CC4/AIG21001033/Bpa3

LKK:

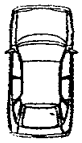
IDAC:

ASSIGNMENT

Surveyor: MR. LIM DOI: 21/01/2021 Date / Time : 21/00/2021

Registered in Merimen: 21/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 2779Z

Name of Insured : KARTHIGESAN S/O MURUKAN

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 19/01/2021 17:50

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

If **NO**, Driver Name / Age : R G S MURUKAN

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

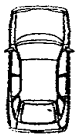
Make / Model : KIA CERATO

Place of Accident : AMK AVENUE 3 TOWARDS HOUGANG AVENUE 2

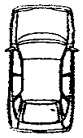
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

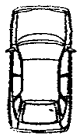
SKU 6099K → → →



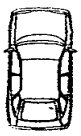
INSRS:
WSP: AUBURN AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKU 6099K - CC4/ASM18000957/Khb3s2 ; 15.01.2018
	SMD 2779Z - CS/AIG21001003/d3 ; 19.01.2021
07/03/2022	Pls refer to VIEWS for details.

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: L/sum S$ 1,250.00 (4 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/03/2022 Confirm with Mak Email ☑ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 1,250.00	S$ 625.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU): 300.00	S$ 150.00 ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
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: $320.00
Total:	**S$** 782.45 **Global Sum S$:** 780.00	

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

Payee 1:	S$ 780.00	Name 1:	Auburn Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	