INS. CASE OWNER:

CC6/CTI21001036/Ara3q2

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **21/01/2021**
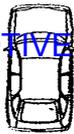
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBD 2406E** _____ Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **20/01/2021 08:17** 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**
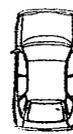
SJV 4928M ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:		INSRS:	INSRS:
WSP: **SM AUTOMOTIVE**	WSP:		WSP:	WSP:
Tel :	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJV 4928M - CA/CAI10012253/s1 ; 23/06/2010	Non-Reporting ltr (1st):	
	CS/AIG10020656/T1vs2 ; 23/06/2010	Non-Reporting ltr (2nd):	
	GBD 2406E - 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:	☐	☐
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$ **5,700.00** (**6** days) Reduction: **61** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **09.04.2021** Confirm with **SUKYI** Email ☑ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **9** If NO or B 28, Ass. Lia :

Repair Cost: S$ **5,700.00**

Loss of Rental (LOR): S$ **500.00** (**5** days) **x $100.00**

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$ **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: **400.00**

Total: S$ **6,202.00** **Global Sum S$:**

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

Payee 1: S$ **6,202.00** Name 1: **SM AUTOMOTIVE**

Payee 2: (Strike if N.A.) S$ Name 2:

Payee 3: (Strike if N.A.) S$ Name 3: