

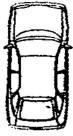
15/5/2010

INS. CASE OWNER:

CC6/CTI21002758/Aes3

LKK:

IDAC:

ASSIGNMENTSurveyor: AdrianDOI: 01/03/2021Date / Time : 02/03/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SMK 7082E

Claim No. : _____

Name of Insured : LIM HOCK LIM

Policy No. : _____

Insured Tel No. : _____ HP: _____

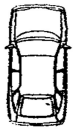
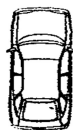
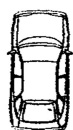
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 25/02/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SGQ 196X**INSRS:
WSP: **J-MART**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SGQ 196X : X	Non-Reporting ltr (1st):	
SMK 7082E : CS/CTI20010830/R1qf3q2 ; DOA : 05/10/2020	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: LWP		
Repair Cost: L/S S\$ 4,300.00 (9 days' Reduction: 50 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 16.09.21 Confirm with JMART Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,601.00	OI REAR ENDED TP	
Loss of Rental (LOR): S\$ 800.00 (8 days) X \$100		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]		
GIA/LTA Search S\$ -		
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	
Total: S\$ 5,401.00 Global Sum S\$: 5,400.00		
FINAL PAYMENT Date/Time: 16.09.21 Confirm with: JMART Email ☐ Call ☐		
Payee 1: S\$ 5,400.00 Name 1: J-MART MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		