

INS. CASE OWNER:

CC4/AIG21003222/Epa3q2

IDAC:

ASSIGNMENTSurveyor: **STEVE**DOI: **24/03/2021**Date / Time : **11.03.2021**Registered in Merimen: **11.03.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMQ 8624D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **05.03.2021 14:04**Place of Accident : **CHANGI SOUTH AVE 3**

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****YP 2172T**INSRS: **EFFICIENT**
WSP: **MOTOR & ENGINEERING**
Tel : **WORKS**
Liability : **PTE LTD.**
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	YP 2172T - CC3/TMI19017218/K1yf3s2 ; 28/09/2019	Non-Reporting ltr (1st):	
	CS/FCI19017516/K1qd3e2 ; 28/09/2019	Non-Reporting ltr (2nd):	
	SMQ 8624D - 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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM	S\$ 800.00 (3 days) Reduction: 86 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 09/05/2023 Confirm with JESSIE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST	S\$ 864.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 240.00 (\$ 80 x 3 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\$ 1,106.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 1,106.00	Name 1: EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	