15/5/2010

INS. CASE OWNER:

CC6/CTI21004746/Aea3

LKK:

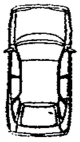
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 19/03/2021 Date / Time : 19/03/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 4067Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

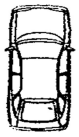
Excess Sec II :S$ D.O.A : 18/03/2021 14:40 Place of Accident :

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

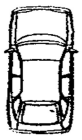
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

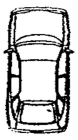
SJF 5606U → → →



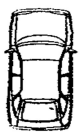
INSRS:
WSP: J-MART MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJF 5606U - NA/INC17001469/h4 ; 21/01/2017	Non-Reporting ltr (1st):	
	NA/INC17004935/Y ; 10/03/2017	Non-Reporting ltr (2nd):	
	NA/INC17005018/r3 ; 10/03/2017	Non-Reporting ltr (Final):	
	NA/INC20003406/z4 ; 01/03/2020	Notification ltr (if non-pickup):	
	NA/INC21003598/r3 ; 18/03/2021	Call OI:	
	SJV 4067Y - CS3/INC14002441/Pb ; 06/02/2014	After call ltr to OI:	
	NA/INC21003598/r3 ; 18/03/2021		

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$ 3,400.00 (6 days) Reduction: 47 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07.09.21 Confirm with JMART Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27 OI REAR ENDED TP	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,638.00	
Loss of Rental (LOR):	S$ 700.00 (7 days) X $100	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ -	
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: $400
Total:	**S$** 4,338.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 07.09.21 Confirm with: JMART Email ☐ Call ☐

Payee 1:	S$ 4,338.00	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:	