15/5/2010

INS. CASE OWNER: CC4/AIG21006431/Aea3

LKK:

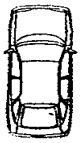
IDAC:

## ASSIGNMENT

Surveyor: ADRIAN DOI: 15.06.2021 Date / Time : 07.06.2021

Registered in Merimen: 07.06.2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMC 8456X Claim No. : 5496341633SG

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

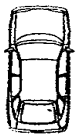
**Excess Sec II :S$** D.O.A : 27/05/2021 13:15 Place of Accident : PIE EXIT PAYA LEBAR ROAD

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

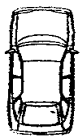
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

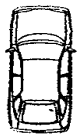
SFH 2588U → → →



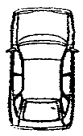
INSRS:
WSP: Unimotor
Tel : Company
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|---|---|---|
| | SFH 2588U - X SMC 8456X - X | |

| 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: LWP

Repair Cost: L/S S$ 4,600.00 ( 4 days) Reduction: 69 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 05.09.22 Confirm with ALVIN Email ☐ Call ☐

| | | |
|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ 4,600.00 OI REAR ENDED TP | |
| Loss of Rental (LOR): | S$ 720.00 ( 6 days) x $120 | |
| Loss of Use (LOU): | S$ - ($ 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: $320 |
| **Total:** | **S$** 5,320.00 **Global Sum S$:** 5,200.00 | |

**FINAL PAYMENT** Date/Time: 05.09.22 Confirm with: ALVIN Email ☐ Call ☐

| | | | |
|---|---|---|---|
| Payee 1: | S$ 5,200.00 | Name 1: | UNIMOTOR COMPANY |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |