15/5/2010

INS. CASE OWNER:

CC4/III21006897/Aps3

LKK:

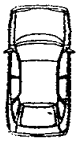
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 23/06/2021 Date / Time : 22/06/2021

Registered in Merimen: 22/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 9396D Claim No. :

Name of Insured : LUMENS AUTO PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

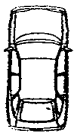
Excess Sec II :S$ D.O.A : 04/06/2021 Place of Accident :

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

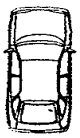
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

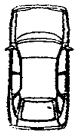
SMM 1436Y → → →



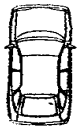
INSRS:
WSP: DICKSON AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMM 1436Y : X ; SMV 9396D : X
31/08/2021	Pls refer to VIEWS for details.

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:

Repair Cost: L/sum S$ 800.00 (2 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/08/2021 Confirm with MAHIRAH Email ☑ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: w/GST	S$ 856.00	
Loss of Rental (LOR): w/GST	S$ 214.00 (2 days) x $100	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [**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: $350.00
Total:	**S$** 1,070.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Cal ☐

Payee 1:	S$ 1,070.00	Name 1:	Dickson Auto Care Centre Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	