15/5/2010

INS. CASE OWNER: CC6/AIG21007376/Ara3

LKK:

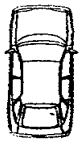
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 02/07/2021 Date / Time : 02/07/2021

Registered in Merimen: 06/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 9346Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

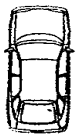
Excess Sec II :S$ D.O.A : 26/06/2021 16_58 Place of Accident : MARINE PARADE RD

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

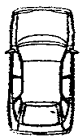
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

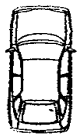
SJU 8808E → → →



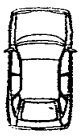
INSRS:
WSP: KANG CAR REPAIRERS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJU 8808E - CC6/AIG11000353/Asr1q2 ; 05/01/2011	**STAGE** **DATE / PIC**
	CC6/AXA13018595/M1ry3q2 ; 02/10/2013	Non-Reporting ltr (1st):
	NS/INC11014122/R1j1 ; 02/07/2011	Non-Reporting ltr (2nd):
	SMV 9346Z - 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$ 1,100.00 (2 days) Reduction: 81 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/2/2022 Confirm with SHARON		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,177.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 300.00 ($100 x 3 days)		
Loss of Income (LOI):	S$ ($ 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$** 1,479.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,479.00	Name 1:	Kang Car Repairers Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	