15/5/2010

INS. CASE OWNER: CC6/CTI21007392/Aes3

LKK:

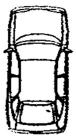
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 06/07/2021 Date / Time : 06/07/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJR 2516C Claim No. :

Name of Insured : AMBULANCE MEDICAL SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

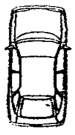
Excess Sec II :S$ D.O.A : 05/07/2021 Place of Accident :

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

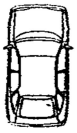
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

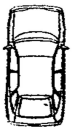
SMP 4744Y → → →



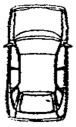
INSRS:
WSP: CN MOTORS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMP 4744Y : X
	SJR 2516C : CC3/AXA13000473/H1v1f3c3 ; DOA : 04/01/2013

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$ 10,500.00 (10 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12.01.2022 Confirm with SUKYI Email ☐ Cal ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 11,235.00 OID REAR ENDED TP

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 880.00 ($ 80 x 11 days)

Loss of Income (LOI): S$ - ($ x days)

LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]

GIA/LTA Search S$ 7.45

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $400

Total: **S$** 12,122.45 **Global Sum S$:** 12,120.00

FINAL PAYMENT Date/Time: 12.01.2022 Confirm with: SUKYI Email ☐ Cal ☐

Payee 1:	S$ 12,120.00	Name 1:	CN MOTORS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	