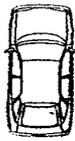|	LKK:
CC6/III21011334/Uea3	IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 09/11/2021   Date / Time : 08/11/2021

Registered in Merimen: 08/11/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKW 8648C**   Claim No. : MPC2021D0004820

Name of Insured :   Policy No. : D19MPC0006136_01

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 05/11/2021 20:20   Place of Accident : Ang Mo Kio, Singapore

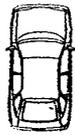Is driver the owner?   (YES / NO)   Nature of Accident :

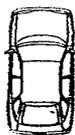If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
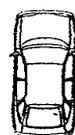
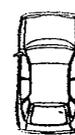Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

EZ 1100S ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS: WSP: **JIN AUTO** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	EZ 1100S - X SKW 8648C - CS/MSG18007415/Ssbq2 ; 18.04.2018	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: **CKS**

Repair Cost: **L/S** S$ **4,100.00** (**4** days) Reduction: **32** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **28.02.22** Confirm with **JOUIS**   Email ☐ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **9**	If NO or B 28, Ass. Lia :	
Repair Cost: **w/GST**	S$ **4,387.00**	**OID MAKE A RIGHT TURN INTO MAIN ROAD HIT TP**	
Loss of Rental (LOR):	S$ **-** (days)		
Loss of Use (LOU):	S$ **360.00** ($ **60** x **6** 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: **$350**	
Total:	S$ **4,747.00** **Global Sum S$:**		

FINAL PAYMENT Date/Time: **28.02.22** Confirm with: **JOUIS**   Email ☐ Call ☐

Payee 1:	S$ **4,747.00**	Name 1:	**JIN AUTO SERVICES PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	