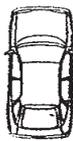


INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 07/12/2021 Date / Time : 07/12/2021
 Registered in Merimen: 07/12/2021

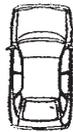
Pre-assign / CCU / FTE



Insured Vehicle No. : SFE 12T Claim No. : _____
 Name of Insured : LIM VOON NNA @ LIM BOON NAA Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$_____ D.O.A : 04/12/2021 13:25 Place of Accident : CTE Towards AYE on the Road Shoulder of Braddel Road Exit.
 Is driver the owner? (YES / NO) Nature of Accident : _____

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

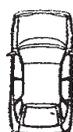
SMK 5358Z



INSRS: JL Perfect Autowork Pte. Ltd.
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SMK 5358Z - NA/MSG21012341/r3 ; 04.12.2021	
	SFE 12T - CC6/AXA11006374/Ry2c3k2; 11/03/2011	
	CS/INC13005813/Rtk3 ; 05/03/2013	
	CS3/AIG13022060/Ca3q2 ; 20/11/2013	
	NA/AIC10019690/s1; 02/10/2010	
	NA/MSG21012341/r3; 04/12/2021	
	NBA/INC13021951/s4; 20/11/2013	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/S</u> S\$ <u>9900.00</u> (<u>9</u> days) Reduction: <u>14,666.56</u> % <u>60</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>12/04/2022</u> Confirm with <u>SHANELLE</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: S\$ <u>9,900.00</u>		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ <u>550.00</u> (\$ <u>50</u> x <u>11</u> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ <u>36.45</u>		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: S\$ <u>60.00</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ _____		3) Survey fee: <u>\$320.00</u>
Total: S\$ <u>10,546.45</u> Global Sum S\$: <u>10,500.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <u>10,500.00</u> Name 1: <u>JL PERFECT AUTOWORK PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

We have detected that there is already an active claim within 1 day of the Date of Loss.

SMK5358Z Date of Loss: 04/12/2021 (OD)
 Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Please CONFIRM that this is NOT the same case you are creating.