15/5/2010

INS. CASE OWNER:

CC6/III22000444/Uga3

LKK:

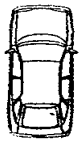
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/01/2022 Date / Time : 12.01.2022

Registered in Merimen: 12.01.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 3252M Claim No. : MFL2022D0000329

Name of Insured : Policy No. : D19MFL0005549_02

Insured Tel No. : HP: Make / Model :

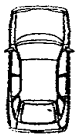
Excess Sec II :S$ D.O.A : 11/01/2022 Place of Accident : Paya Lebar Rd,

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

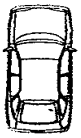
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

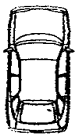
GBG 3113C →



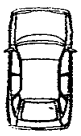
INSRS:
WSP: SOON SAN MOTOR TRADING
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBG 3113C GBK 3252M NA/LIP22000438/r3 ; 11.01.2022	**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:
CLAIMANT -	ANNEX AUTOMATION	**Documentation Check List:** **Handler** **Typist** Notification ltr (if non-pickup) ☐ ☐ After call ltr to OI: ☐ ☐ Authorisation To Act: ☐ ☐
	TPV: OPEL COMBO - 1598cc	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/S	S$ $2,300.00 (4 days)	Reduction: $6,142.15 % 73	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/03/2022	Confirm with VINCENT	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,300.00		
Loss of Rental (LOR):	S$ 500.00 (5 days)	x 100	
Loss of Use (LOU):	S$ ($ x 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: $350.00
Total:	**S$** 2,800.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,800.00	Name 1:	SOON SAN MOTOR TRADING
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	