15/5/2010

INS. CASE OWNER:

CC4/III22001835/Eea3

LKK:

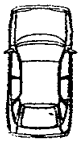
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 02/03/2022 Date / Time : 25.02.2022

Registered in Merimen: 25.02.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GZ 5360H Claim No. : MCV2022D0000953

Name of Insured : Policy No. : D19MCV0002573_02

Insured Tel No. : HP: Make / Model :

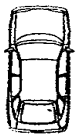
Excess Sec II :S$ D.O.A : 23/02/2022 10:10 Place of Accident :

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

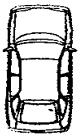
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

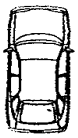
SMT 7271D →



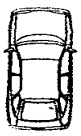
INSRS:
WSP: Maximus Auto Service Team
Tel : Support
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMT 7271D -X GZ 5360H -X	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:	☐
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: CTY
Repair Cost: P/P	S$ 4,245.00 (3 days)	Reduction: 54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12.08.22	Confirm with DAPHNE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,542.15	OID MAKE A LEFT TURN INTO MAIN ROAD HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 400.00 ($ 100 x 4 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 7.45		
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: $350
Total:	**S$** 4,949.60	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 22.08.22	Confirm with: DAPHNE	Email ☐ Call ☐
Payee 1:	S$ 4,949.60	Name 1:	MAXIMUS AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	