15/5/2010

INS. CASE OWNER:

CC6/CTI22002279/ga3

LKK:

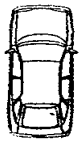
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 10/3/2022 Date / Time : 10/3/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJL 647C

Name of Insured : WONG WAI LI

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 09/03/2022 18:40

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : SNM22D201687

Policy No. : DMPCSNW00171162101

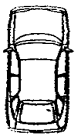
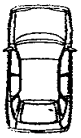
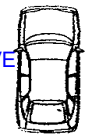
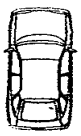
Make / Model : _____

Place of Accident : AYE TWDS TUAS BEFORE CLEMENTI

Nature of Accident : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SJL 647C →	SMJ 4906D →	SLP 5651L →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: SM	WSP:	WSP:
Tel :	Tel : AUTOMOTIVE	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time		
	SMJ4906D - X SJL 647C - X	
	CLAIMANT - PEH YU LIANG EDEN	
	TPV: KIA CERATO - 1591cc	

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:

Repair Cost: LS S$ $13,800.00 (10 days) Reduction: $22,002.38 % 61 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with SUKYI Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 13,800.00	
Loss of Rental (LOR):	S$ (days)	C.C (OI LAST)
Loss of Use (LOU):	S$ 600.00 ($ 50 x 12 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 2.00	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ 14,402.00	3) Survey fee: $400.00
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$	Name 1:	SM AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	