15/5/2010

INS. CASE OWNER:

CC6/AIG22002615/Aea3

LKK:

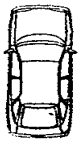
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 22/03/2022 Date / Time : 22/03/2022

Registered in Merimen: 22/3/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 7944S Claim No. : 8676863833SG

Name of Insured : Policy No. : 1800019009

Insured Tel No. : HP: Make / Model :

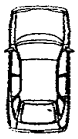
Excess Sec II :S$ D.O.A : 19/03/2022 17:27 Place of Accident :

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

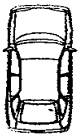
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

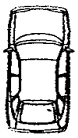
SJX 661Y → → →



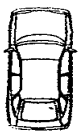
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJX 661Y - X	**STAGE** **DATE / PIC**
	SLW 7944S - CC3/AIG18018232/Arbe2 ; 25.09.2018	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: LWP
Repair Cost: L/S	S$ 8,800.00 (5 days)	Reduction: 70%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08.09.22	Confirm with SUSAN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 9,416.00	OI REAR ENDED TP	
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$ 2.00		
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: $320
Total:	**S$** 9,918.00	**Global Sum S$:** 9,900.00	
FINAL PAYMENT	Date/Time: 08.09.22	Confirm with: SUSAN	Email ☐ Call ☐

Payee 1:	S$ 9,900.00	Name 1:	SM AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	