

INS. CASE OWNER:

CC4/GRB22002741/Kpa3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **24.03.2022**Registered in Merimen: **24.03.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLJ 7189Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

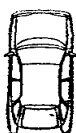
Excess Sec II :\$ _____ D.O.A : **23/03/2022 08:26**Place of Accident : **JUNCTION OF ANG MO KIO STREET
62 & ANG MO KIO AVENUE 9**

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****SKP 9838B**INSRS:
WSP: **MBM**
Tel : **WHEELPOWER**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKP 9838B - X	Non-Reporting ltr (1st):	
	SLJ 7189Z - CC4/LPC18022717/T1da3n2 ; 15.12.2018	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: _____		
Repair Cost: L/SUM	S\$ 24,400.00 (9 days) Reduction: 66 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 08/06/2023 Confirm with PEI SHI	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :	
Repair Cost: 7%GST	S\$ 24,984.50 (as per Ill mandate)		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 2,600.00 (\$ 200 x 13 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: \$600.00	
Total:	S\$ 27,591.95 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 27,591.95 Name 1: MBM Wheelpower Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		