15/5/2010

INS. CASE OWNER:

CC6/CTI22003057/Aga3

LKK:

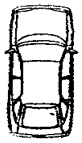
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 01.04.2022 Date / Time : 01.04.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 4102H Claim No. : SNM22D202302

Name of Insured : MONZONE AIR-CONDITIONING PTE LTD Policy No. : DMCVSNA00119112101

Insured Tel No. : HP: Make / Model :

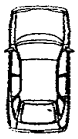
Excess Sec II :S$ D.O.A : 29/03/2022 17:12 Place of Accident : Slip Road (Jln Buroh Towards Jurong Port Road)

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

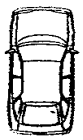
If **NO**, Driver Name / Age : MUHAMMAD HAFIZ BIN ZOLKIPLE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

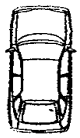
SLM 5283G → → →



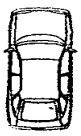
INSRS:
WSP: YSK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLM 5283G - CS3/AIG18016231/R1cd3s2 ; 03.09.2018	**STAGE**	**DATE / PIC**
	YP 4102H - 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 :	
	CLAIMANT - LI WEI	Medical Bill:	
		PIR:	
	TPV: MAZDA 3 - 1496cc	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: PP	S$ 1931.28 (3 days)	Reduction: 724.00 % 27	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with JANET	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,931.28		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 200.00 ($ 50 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: $400.00
Total:	**S$** 2,138.73	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$	Name 1:	YSK AUTO WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	