

INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **07/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SGQ 8688R**Claim No. : **S2M03XQZ**Name of Insured : **Ng Ah Huat**Policy No. : **GA561150**

Insured Tel No. : _____ HP: _____

Make / Model : **Mazda 6**Excess Sec II : \$ _____ D.O.A : **04/04/2022 11:35**Place of Accident : **429 Pasir Ris Drive 6, Singapore**

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

If NO, Driver Name / Age : **Huang Zhiwei, Garry**

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

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

Insured Liability : % **Final ? Yes / No****SGQ 8688R****GBE 3882B****SLM 9767B**INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **QUAN DE**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBE 3882B - CC4/AXA16015755/Uza3q2 ; 21/08/2016	Non-Reporting ltr (1st):	
	CS/INC16022761/Kqh3n2; 27/11/2016	Non-Reporting ltr (2nd):	
	SGQ 8688R - X	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: CKS			
Repair Cost: L/S S\$ 7,550.00 (7 days) Reduction: 36 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 12.07.22 Confirm with JENNIFER		Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100%	
Repair Cost: S\$ 7,550.00		3VEH CC OI LAST	
Loss of Rental (LOR): S\$ - (_____ days)			
Loss of Use (LOU): S\$ 640.00 (\$ 80 x 8 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/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$350	
Total: S\$ 8,197.45 Global Sum S\$:			
FINAL PAYMENT Date/Time: 12.07.22 Confirm with: JENNIFER		Email ☐ Call ☐	
Payee 1: S\$ 8,197.45 Name 1: QUAN DE MOTOR TRADING			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			