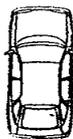


INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 15/08/2022 Date / Time : 15/08/2022
 Registered in Merimen: 16/08/2022

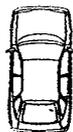
Pre-assign / CCU / FTE



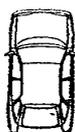
Insured Vehicle No. : SKM 3971D Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ _____ D.O.A : 12/8/2022 19:35 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

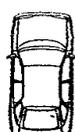
SKH 7491Y →



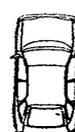
INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	Created By	DATE / PIC
	SKH 7491Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	SKKQ	
	CC4/AXA15010417/Kua3n2 16/11/2015 SKH 7491Y GR 7573P 22/06/2015 17/11/2015		
	SKM 3971D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	SKKQ	
	NA/INC19018156/h4 15/10/2019 ABDUL AZIZ BIN JUDIN SLC 895B SKM 3971D 13/10/2019		
		Non-Reporting ltr (1st):	
		Date 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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **L/SUM** S\$ **8,800.00** (**6** days) Reduction: **56** % Email Call

FINAL SETTLEMENT Date/Time: **19/12/2022** Confirm with **Sukyi** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **9** If NO or B 28, Ass. Lia :

Repair Cost: **w/GST** S\$ **9,416.00**

Loss of Rental (LOR): S\$ **960.00** (**8** days) **X \$120**

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\$

Disbursement: S\$ **100.00** (e.g. Tow/ independent)

Legal Cost S\$

Total: S\$ **10,478.00** **Global Sum S\$:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **10,478.00** Name 1: **SM AUTOMOTIVE**

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: **TP**
- 3) Survey fee: **\$320.00**