

INS. CASE OWNER:

CC6/AIG22008302/Upa3

IDAC:

ASSIGNMENTSurveyor: **MARCUS**DOI: **01/09/2022**Date / Time : **25/08/2022**Registered in Merimen: **28/08/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLA 4484M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **23/08/2022 18:10**Place of Accident : **PAYA LEBAR ROAD**

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****GBJ 2184M**INSRS:
WSP: **JIN AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
GBJ 2184M - X			
SLA 4484M - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Non-Reporting Ltr	Created By
CS/AIG20000762/T1sd3e2 09/04/2020 SLN 1893S SLA 4484M 15/11/2019		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: P/P	S\$ 2,910.00 (3 days) Reduction: 41 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/12/2022 Confirm with JOUIS		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 3,113.70		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 100 x 3 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$		
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: \$320.00
Total:	S\$ 3,413.70	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 3,413.70	Name 1: Jin Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	