15/5/2010

INS. CASE OWNER:

CC4/AIG22009109/Rya3q2

LKK:

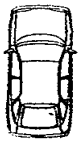
IDAC:

ASSIGNMENT

Surveyor: Mohd Rasul DOI: 15/09/2022 Date / Time : 14.09.2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMW 44Z

Name of Insured : LIEW YOU MING

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/09/2022 15:45

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

Claim No. : 0350810093SG

Policy No. : 2070005056-02

Make / Model : Mercedes C200

Place of Accident : Road intersection from Taman Warna turning to Holland Road

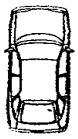
If **NO**, Driver Name / Age :

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

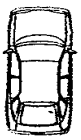
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

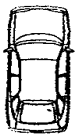
SNE 5202J → → →



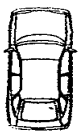
INSRS:
WSP: MY CAR CONSULTANT PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SNE 5202J - X SMW 44Z -X	**STAGE**	**DATE / PIC**
		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 :	☐ ☐
		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$ 2,300.00 (5 days) Reduction: 73 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/07/2023	Confirm with Jackson	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 1	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S$ 2,484.00		
Loss of Rental (LOR):	S$ 600.00 (6 days) @$100		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 33.00		
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: $320
Total:	**S$** 3,117.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,117.00	Name 1: MY CAR CONSULTANT PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	