15/5/2010

INS. CASE OWNER: CC4/AIS22009306/Apa3

LKK:

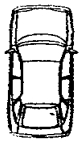
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 03/10/2022 Date / Time : 21.09.2022

Registered in Merimen: 21.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJZ 9695E Claim No. :

Name of Insured : SAID JALAL BIN SAID MAHAMED Policy No. : SP2002237268-01

Insured Tel No. : HP: Make / Model : Volkswagen Scirocco

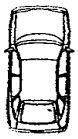
Excess Sec II :S$ D.O.A : 19/09/2022 20:00 Place of Accident : SERANGOON NORTH ROAD

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

If **NO**, Driver Name / Age : ANG LIN JIANG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

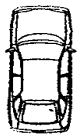
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLM 6373Z → → →

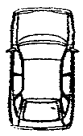


INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SLM 6373Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/AIG20002889/Kes3q2 23/09/2021 SLM 6373Z SKX 2716Z 20/09/2019 23/09/2021 LSL1		
SJZ 9695E - X		

Documentation Check List:	Handler	Typist
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 13,500.00 (12 days)	Reduction: 51 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/02/2023	Confirm with SUKYI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost: 7% GST	S$ 13,000.50	(AS PER AIS MANDATE)	
Loss of Rental (LOR):	S$ 1,000.00 (10 days)	X $100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 2.00		
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: $350.00
Total:	**S$** 14,002.50	**Global Sum S$:** 14,000.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 14,000.00	Name 1:	SM Automotive
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	