15/5/2010

INS. CASE OWNER: Sundari Nagarajan | CC6/III22009372/ea3 - > | LKK: IDAC:

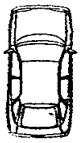
CC4/III22009372/pa3

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23.09.2022 - > 04.10.2022

Registered in Merimen: 23.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SGY 4943M | Claim No. : MPC2022D0005413

Name of Insured : | Policy No. : D22MPC0006968

Insured Tel No. : HP: | Make / Model :

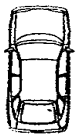
Excess Sec II :S$ D.O.A : 20.09.2022 13:19 | Place of Accident :

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

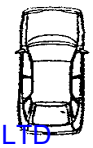
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

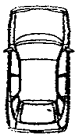
GBJ 2393B → → →



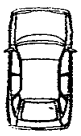
INSRS:
WSP: HOCK WAH - > SUCCESS UNITED PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

GBJ 2393B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
~~CS/SMO19019326/Usf3n2 06/01/2020 GBJ 2393B YN 1755D 18/10/2019 07/01/2020 LST1~~

SGY 4943M - 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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/SUM S$ 4,050.00 (4 days) Reduction: 67 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 30/05/2023 Confirm with ELIS Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 4,374.00	
Loss of Rental (LOR):	S$ 600.00 (6 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: $500.00
Total:	**S$** 4,976.00 **Global Sum S$:**	

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

Payee 1:	S$ 4,976.00	Name 1:	SUCCESS UNITED PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	