		LKK:
INS. CASE OWNER:	CC6/AIG22009535/pa3	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 27/09/2022

Registered in Merimen: 28/09/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SME 3633Z	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A : 27/09/2022 12:30	Place of Accident : MARINE PARADE TOWN COUNCIL (SERANGOON OFFICE) CARPARK
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**

SDJ 6888R ————▶ _____ ————▶ _____ _____ ————▶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: JIN AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time

SDJ 6888R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC7/AIG12014542/Kb3q2 31/07/2012 SDJ 6888R SJW 2285S 19/07/2012 06/08/2012 NSW

SME 3633Z - 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$ 1,600.00 (4 days) Reduction: 52 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/03/2023 Confirm with: JOUIS Email ✓ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 1,712.00 S$ 856.00 7% GST	
Loss of Rental (LOR): S$ (days)	
Loss of Use (LOU): 180.00 S$ 90.00 ($ 60 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: $320.00
Total: S$ 946.00 **Global Sum S$:**	

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

Payee 1: S$ 946.00	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: