15/5/2010

INS. CASE OWNER: CC6/AIG22010229/Apa3

LKK:

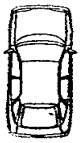
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 11/10/2022 Date / Time : 11/10/2022

Registered in Merimen: 15/10/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 1632S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

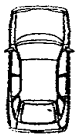
Excess Sec II :S$ D.O.A : 08/10/2022 08:15 Place of Accident :

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

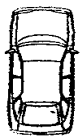
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

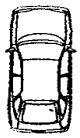
GBA 36T → → →



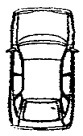
INSRS:
WSP: J-MART
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
GBA 36T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
NA/INC08016700/w1 06/06/2008 CHONG KOK SANG GBA 36T JFM 362 05/06/2008 10/06/2008 LCH		
NA/INC18017113/Ch4 20/09/2018 TEY SIONG YAW GBA 36T LAMPPOST 17/09/2018 03/10/2018 LSH		
NA/LIP13016498/m2 05/09/2013 CHONG MING YAN GBA 36T PC 303 05/09/2013 12/09/2013 NRM		
SLB 1632S - X		

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$ 4,400.00 (7 days) Reduction: 50 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/04/2023 Confirm with Angie		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 4,752.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 640.00 ($ 80 x 8 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: $320.00
Total:	**S$** 5,392.00 **Global Sum S$:** 5,390.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,390.00	Name 1: J-MART MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	