15/5/2010

INS. CASE OWNER:

CC6/AIG22010970/Aya3q2

LKK:

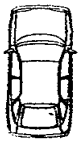
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 01/11/2022 Date / Time : 01/11/2022

Registered in Merimen: 03/11/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SGD 3068G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

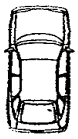
Excess Sec II :S$ D.O.A : 29.10.2022 19:35 Place of Accident :

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

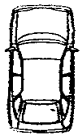
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

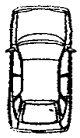
SLM 2422S → → →



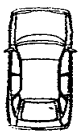
INSRS:
WSP: J-MART
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLM 2422S - X			
SGD 3068G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
	CS/TP15003447/Uvy3u2 25/03/2015 SGD 3068G 24/02/2015 27/03/2015 YCC	Non-Reporting ltr (1st):	
	NJA/INC10001902/y1 28/01/2010 MD RAFIE B MD SANI FBD 4571Y SGD 3068G 29/01/2010 12/03/2010 YCC	Non-Reporting ltr (2nd):	
		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$ 5,000.00 (4 days)	Reduction: 69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/06/2023	Confirm with Angie	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : Nil	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S$ 5,400.00		
Loss of Rental (LOR):	S$ 500.00 (5 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$		
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: $320
Total:	**S$** 5,900.00	**Global Sum S$:** 5,800.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 5,800.00	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:		