15/5/2010

INS. CASE OWNER:

CC6/AIG22011652/Aya3q2

LKK:

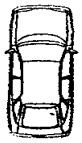
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 16/11/2022 Date / Time : 16/11/2022

Registered in Merimen: 20/11/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMS 9933U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

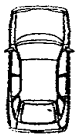
Excess Sec II :S$ D.O.A : 22/10/2022 07:00 Place of Accident : SECOND LINK (TUAS) TO MALAYSIA CHECKPOINT

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

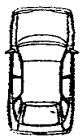
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

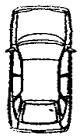
SKU 82Y → → →



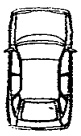
INSRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKU 82Y - X	
SMS 9933U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reporting By	
CS/TP22005430/Uny3e2 13/07/2022 SMS 9933U 05/06/2022 14/07/2022 NMY	

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$ 2,500.00 (3 days) Reduction: 80 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/06/2023 Confirm with Sukyi Email ☑ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : Nil If NO or B 28, Ass. Lia :

Repair Cost: with GST S$ 1,350.00 ($2,700.00)

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 150.00 ($ 100 x 3 days) ($300.00)

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: $320

Total: **S$** 1,502.00 **Global Sum S$:**

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

Payee 1:	S$ 1,502.00	Name 1:	SM AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	