15/5/2010

INS. CASE OWNER:

CC6/AIG23001005/Uya3q2

LKK:

IDAC:

ASSIGNMENT

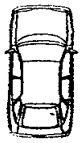
Surveyor: Marcus

DOI: 13/02/2023

Date / Time : 27.01.2023

Registered in Merimen: 01.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 5183D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A : 26/01/2023 08:00

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

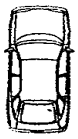
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

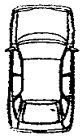
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

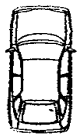
EL 9595T → → →



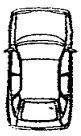
INSRS:
WSP: JIN AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
EL 9595T - X		Non-Reporting ltr (1st):	
SMQ 5183D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG20006855/R1da3q2 26/08/2020 SLW 7458D SMQ 5183D 30/06/2020 26/08/2020 DBR CS/EQI21001724/Etd3e2 10/06/2021 SMQ 5183D SFA 6388R 21/01/2021 10/06/2021 NVT	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$ 2,650.00 (3 days) Reduction: 53 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/07/2023 Confirm with Jouis Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S$ 2,862.00	
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: $320
Total:	**S$** 3,362.00 **Global Sum S$:**	

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

Payee 1:	S$ 3,362.00	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:	