LKK:

INS. CASE OWNER:

CC6/AIG23004601/Aya3

IDAC:

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: **17/04/2023**   Date / Time : **17/04/2023**

Registered in Merimen: **05.05.2023**

Pre-assign / CCU / FTE

Insured Vehicle No.	:	**SFS 707Z**
Name of Insured	:	**TAN PING JIN , MARK**
Insured Tel No.	:	HP:
Excess Sec II :S$		D.O.A : **14/04/2023 10:30**

Claim No.	:	
Policy No.	:	**7220106668**
Make / Model	:	**Mercedes AMG**
Place of Accident :		**BKE TOWARDS PIE EXIT 1**

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**

SMJ 7434D ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **J-MART MOTOR**	WSP :	WSP :	WSP :
Tel : **PTE LTD**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time

SMJ 7434D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CS/INC23002423/Sqy3 07/03/2023   GBH 6536R SMJ 7434D 02/03/2023   NMY
NA/AIG23003958/d4 18/04/2023 TAN PING JIN , MARK SFS 707Z SMJ 7434D 14/04/2023 18/04/2023 NYT

SFS 707Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
NA/AIG23003958/d4 18/04/2023 TAN PING JIN , MARK SFS 707Z SMJ 7434D 14/04/2023 18/04/2023 NYT
NA/EQI17005118/r3 14/03/2017 HASIMAH BTE ISMAIL SGY 2664G SFS 707Z 13/03/2017 20/03/2017 RBW
NBA/AIG15021101/T1 10/12/2015 TAN PENG LIAT, MARK SFS 707Z GZ5782Z 09/12/2015 21/12/2015 MTH

	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
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: S$ (days) Reduction: %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with   Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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:
Legal Cost	S$	3) Survey fee:
Total:	**S$** Global Sum S$:	

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

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: