

INS. CASE OWNER:

CD/AIG24090303/Apa3

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 12/09/2024

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH2999X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 12/09/2024

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. :

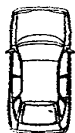
(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

SNP7872D

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                       |                                       | 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:                                                   |                          |
|                                                                                                                                                                      |                       |                                       | <b>Documentation Check List:</b>                                        | <b>Handler</b>           |
|                                                                                                                                                                      |                       |                                       | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | After call ltr to OI:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Authorisation To Act:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Release Voucher:                                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Final Repair Bill:                                                      | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Car Rental Invoice:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Towing Invoice                                                          | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | LTA / GIA :                                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Medical Bill:                                                           | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | PIR:                                                                    | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Mandate/Reject Instruction:                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | LOD                                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Payment Breakdown Form:                                                 | <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:            | Sent By:                              | Post-Repair Photos:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                       |                                       | Others:                                                                 | <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:            | Confirm with:                         | Confirm by:                                                             |                          |
| Repair Cost: L/SUM                                                                                                                                                   | S\$ 3,700.00          | ( 6 days) Reduction: 73 %             | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: 13/01/2025 | Confirm with NANCY                    | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability:                                                                                                                                                     | % 100                 | (Agreed / Assessed) BOLA S/N No. : 9d | If NO or B 28, Ass. Lia :                                               |                          |
| Repair Cost: 9%GST                                                                                                                                                   | S\$ 4,033.00          |                                       |                                                                         |                          |
| Loss of Rental (LOR):                                                                                                                                                | S\$ 500.00            | ( 5 days) X \$100                     |                                                                         |                          |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)       |                                       |                                                                         |                          |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)       |                                       |                                                                         |                          |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                       |                                       |                                                                         |                          |
| GIA/LTA Search                                                                                                                                                       | S\$ 2.18              |                                       |                                                                         |                          |
| 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: \$370.00                                                 |                          |
| <b>Total:</b>                                                                                                                                                        | S\$ 4,535.18          | <b>Global Sum S\$:</b>                |                                                                         |                          |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:            | Confirm with:                         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| Payee 1:                                                                                                                                                             | S\$ 4,535.18          | Name 1: XIN HUA WORKSHOP PTE LTD      |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                   | Name 2:                               |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                   | Name 3:                               |                                                                         |                          |