

INS. CASE OWNER:

CD/AIG24120071/Apa3(N)

IDAC:

ASSIGNMENT

Surveyor:

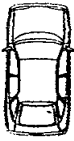
ADRIAN

DOI:

05/12/2024

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **GBL7513D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **30/11/2024**

Place of Accident : _____

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

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

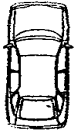
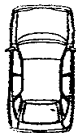
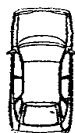
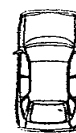
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SNS9884R**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:	
			Documentation Check List:	Handler
			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\$ 7,000.00	(6 days) Reduction: 64 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 09/05/2025	Confirm with NANCY	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 9%GST	S\$ 7,630.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 360.00 (\$ 60 x 6 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 2.18			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	XXXXXXXXXX
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format:	TP
Legal Cost	S\$		3) Survey fee:	\$370.00
Total:	S\$ 7,992.18	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 7,992.18	Name 1:	ELITE AUTO RESTORATION PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		