15/5/2010

INS. CASE OWNER: | CC 6 /~~AIG~~ UR 1800 6498, Ajb3752 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 6/4/18 Date / Time : 6/4/18

Registered in Merimen: 9/4/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLG 2267E	Claim No. :	6128 [illegible] SG
Name of Insured :	URF	Policy No. :	[illegible]174
Insured Tel No. :	HP:	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 4/4/18	Place of Accident :	PIE TWDS CHANGI AIRPORT

Is driver the owner? (YES / NO) — NO circled

Nature of Accident :

If NO, Driver Name / Age : ABDUL LATIF BIN ABDUL HALIM

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

OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)

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

SLU 6279X →

INSRS: WSP: 1st Autoworks Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
11/4/18 Joy	SLU 6279X – [illegible] DOA 27/1/18
	SLG 2267E – X
30-10-18	FOR MANDATE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JOY 12-4-18
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:	/	
Car Rental Invoice:	X	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
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: 16-5-19 Confirm with RONNIE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: GST	S$ 17,182.49	OI 2ND
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 420 ($ 60 x 7 days)	3 COPY SENT
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$** 17,602.49 **Global Sum S$:**	

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

Payee 1:	S$ 17,602.49	Name 1:	1ST AUTOWORKS PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2:	X
Payee 3: (Strike if N.A.)	S$	Name 3:	