15/5/2010

INS. CASE OWNER: CC 4 / EQI 1900 3862 / Ghb3

LKK:

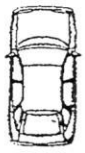
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 11/03/2019 Date / Time : 11/03/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGM 1773U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

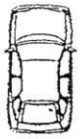
Excess Sec II :S$ D.O.A : 22/02/2019 Place of Accident :

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

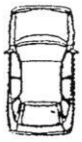
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

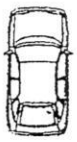
SLG 3225U → → →



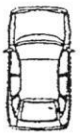
INSRS:
WSP: ALLSWELL
Tel : MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLG 3225U : x
	SGM 1773U : CV/DBS1001629/T1Kq ; DOA : ---

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	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: (email)	x	
Authorisation To Act:	x	
Release Voucher:		
Final Repair Bill:	x	
Car Rental Invoice:	x	
Towing Invoice		
LTA / GIA :	x	
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD	x	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ 350.00 (2 days)	Reduction: 23.71 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/04/2020	Confirm with CHAI YEE	Email x Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: (w/gst)	S$ 374.50		OI changed lane
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 150.00 ($75.00 x 2 days)	(rental agreement)	
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only x LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$ 2.00		
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: $400.00
Total:	**S$** 526.50	**Global Sum S$:** -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 526.50	Name 1: ALLSWELL MOTOR TRADERS	
Payee 2: (Strike if N.A.)	S$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S$ -	Name 3: -	