15/5/2010

INS. CASE OWNER: CC4/ASM19015302/Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 18-Sep-19 Date / Time : 29-Aug-19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKT 2751S Claim No. : S9M01YPJ

Name of Insured : AZHAR BIN IBRAHIM Policy No. :

Insured Tel No. : HP: Make / Model : MAZDA 5

Excess Sec II :S$ D.O.A : 27/08/2019 18:00 Place of Accident : PIE (EUNOS EXIT)

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**

GBA 4265Y → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: AUTOWORX HOUSE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	GBA 4265Y - x	SKT 2751S - x	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
14/10/2021	Pls refer to VIEWS for details.		Call OI:	
			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: L/sum S$ 2,650.00 (5 days) Reduction: 76 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 14/10/2021 Confirm with Dylan Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,650.00		
Loss of Rental (LOR) w/GST	S$ 288.90 (3 days) x $90.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [**Tick only one**]			
GIA/LTA Search	S$ 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: $350.00
Total:	**S$** 2,940.90	**Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 2,940.90	Name 1:	Autoworx House
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	