

INS. CASE OWNER: **ANG Richard**  
6880 5450

**CC4/ASM19019786/Qpa3**

LKK: **164114**  
IDAC:

**ASSIGNMENT**

Surveyor: **OSP** DOI: **08/11/2019** Date / Time : **07.11.2019**  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SGR 5994X**  
Name of Insured : **INNOFLEX PTE LTD**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **23/10/2019 19:15**

Claim No. : **S9M024S2**  
Policy No. : **GA431272**  
Make / Model : **TOYOTA COROLLA ALTIS-1.6 (A)**  
Place of Accident : **SLIP RD AT ALEXANDRA RD**

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
If NO, Driver Name / Age : **GANESAN BALACHANDRAN** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : **+65-91763338** (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

**SLG 3816P**



INSRS: **YEW TEE**  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
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RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
	SLG 3816P - X	
	SGR 5994X - CC6/AIG09027730/An1q1h; DOA: 7/12/09	
	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> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: <b>L/sum</b> S\$ <b>1,600.00</b> ( <b>3</b> days) Reduction: <b>58</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>17/04/2020</b> Confirm with: <b>SHU YI</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>		If NO or B 28, Ass. Lia :
Repair Cost: <b>w/GST</b> S\$ <b>1,712.00</b>		
Loss of Rental (LOR): S\$ _____ ( _____ days)		
Loss of Use (LOU): S\$ <b>180.00</b> (\$ <b>60</b> x <b>3</b> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <b>31.00</b>		
Medical: S\$ _____		1) Claim status: Normal/Reject/Inmate Battle
Disbursement: S\$ _____ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>
Legal Cost S\$ _____		3) Survey fee: <b>\$350.00</b>
<b>Total:</b> S\$ <b>1,923.00</b> Global Sum S\$:		
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <b>1,923.00</b> Name 1: <b>YEW TEE AUTOMOBILE TECH PTE LTD</b>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2:		
Payee 3: (Strike if N.A.) S\$ _____ Name 3:		