

INS. CASE OWNER:

Tan, Bennie

~~CC4/AIG20000242/Ada3~~

ASSIGNMENT

Surveyor:

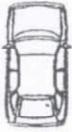
ADRIAN

DOI: 03/01/2020

Date / Time : 03/01/2020

Registered in Merimen: 06/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : **SFS 9878D**
 Name of Insured : **MICHAEL PHOON THIN KWAI**
 Insured Tel No. : _____ HP: **81134888**
Excess Sec II :S\$ _____ D.O.A : **30/12/2019**
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : **7364592732SG**
 Policy No. : _____
 Make / Model : _____
 Place of Accident : **ALONG 18 IPOH LANE**

If NO, Driver Name / Age :
 Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % **Final ? Yes / No**

SLU 5118J



INSRS:
WSP: **ACE**
Tel : **AUTOLUTION**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLU 5118J - NS/INC19021706/Fyd3 ; DOA: 07.12.2019	Non-Reporting ltr (1st):	
SFS 9878D - CC6/AIG11000484/Uju2q2; DOA: 23.12.10	Non-Reporting ltr (2nd):	
OINR. To send out first letter. File pass to Su Li.	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)	<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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **LWP**

Repair Cost: **L/S S\$ 2,000.00** (**4** days) Reduction: **85 %** Email Call

FINAL SETTLEMENT Date/Time: **17.11.21** Confirm with **ANNA** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia :

Repair Cost: **S\$ 2,000.00** **OI HIT TP STATIONARY VEHICLE**

Loss of Rental (LOR): **S\$ 600.00** (**6** days) x \$100

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\$ 30.00**

Medical: **S\$ -**

Disbursement: **S\$ -** (e.g. Tow/ Independent)

Legal Cost **S\$ -**

Total: **S\$ 2,630.00** **Global Sum S\$:** **4) AR FEE : \$2.54**

FINAL PAYMENT Date/Time: **17.11.21** Confirm with: **ANNA** Email Call

Payee 1: **S\$ 2,630.00** Name 1: **ACE AUTOLUTION PTE LTD**

Payee 2: (Strike if N.A.) **S\$** Name 2:

Payee 3: (Strike if N.A.) **S\$** Name 3: