15/5/2010	KHONG Lynn	CC4/ASM20002039/ A ga3	LKK:	
INS. CASE OWNER:	68804892		IDAC:	159205

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBF 5541S**   Claim No. : **S0M02FDR**   X

Name of Insured : **C & J FLOWERS TRADING**   Policy No. :

Insured Tel No. : HP: 67604332   Make / Model : **SUZUKI VITARA 2WD A**

Excess Sec II :S$ D.O.A : 04/02/2020 16:15   Place of Accident : SLIP RD OF WEST COAST RD TWRDS CLEMENTI AVENUE

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**

SFL 3700J →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **VISION**	WSP:	WSP:	WSP:
Tel : **AUTOWORK**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SFL 3700J - CC4/AXA11005794/Kec3f1; DOA: 28.03.2011 GBF 5541S - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	OINR. To send out first letter. File pass to Su Li. X	Notification ltr (if non-pickup):	
		Call OI:	
	DI reported.	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/S S$ 4000.00 (7 days) Reduction: 21,069.45 % 84   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/05/2020 Confirm with MICHELLE   Email ✓ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4280.00	(W/GST)	
Loss of Rental (LOR):	S$ 1200.00	(8 days) x $150	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		

LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search	S$ 36.45		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 120.00	(e.g. Tow / Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 5636.45	Global Sum S$: 5600.00	

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

Payee 1:	S$ 5600.00	Name 1:	VISION AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	