

INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **13/02/2020**Date / Time : **13/02/2020.**Registered in Merimen: **13/02/2020****Pre-assign / CCU / FTE**

	Insured Vehicle No. :	SJD 1968L	Claim No. :	
	Name of Insured :	ADRIAN CHEONG WAI MENG	Policy No. :	1800067061
	Insured Tel No. :	HP: _____	Make / Model :	AUDI A4 SEDAN 2.0 TFSI 8W
	Excess Sec II :S\$	D.O.A : 08/02/2020 16:30	Place of Accident :	NEWTON ROAD AND THOMSON ROAD SLIP WAY
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

SLS 8204J

INSRS:
WSP: **ACE AUTO SOLUTION**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLS 8204J - X	Non-Reporting ltr (1st):	
SJD 1968L - CC3/AIG20002438/Avf3; DOA: 08.02.2020	Non-Reporting ltr (2nd):	
CS/RSI14005847/Kvm3u2; DOA: 26.03.14	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:	☐ ☐
	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: P/P	S\$ 5,114.40	(4 days) Reduction: 66 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01.09.20	Confirm with SUHAIMI	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 5,114.40	OI REAR ENDED TP	
Loss of Rental (LOR):	S\$ 320.00	(4 days) X \$80	
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\$ 7.45		
Medical:	S\$ -		1) Claim status: Normal/Reject/Private Settlement
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$320
Total:	S\$ 5,441.85	Global Sum S\$: 5,440.00	
FINAL PAYMENT	Date/Time: 01.09.20	Confirm with: SUHAIMI	Email ☐ Call ☐
Payee 1:	S\$ 5,440.00	Name 1: ACE AUTO SOLUTION	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	