15/5/2010

INS. CASE OWNER:

CC4/FWD20003027/ A ~~x~~a3

LKK:

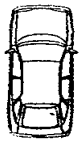
IDAC:

**ASSIGNMENT** b

Surveyor: _____ DOI: _____ Date / Time : 21/02/2020

Registered in Merimen: 24/02/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SDT 67E

Name of Insured : _____

Insured Tel No. : _____ HP: _____

**Excess Sec II :S$** _____ D.O.A : 20/02/2020

Is driver the owner? ( YES / NO )

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO )

Claim No. : _____

Policy No. : PNPV2018-00000580-02

Make / Model : _____

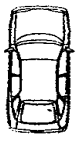
Place of Accident : _____

Nature of Accident : _____

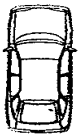
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

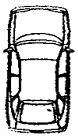
SMF 2098U → _____ → _____ → _____



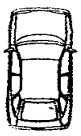
INSRS:
WSP: ADVANCE
Tel : AUTO GARAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SDT 67E - CF/AIG10004153/Kaq1; 10.11.09 |
| | SMF 2098U - X |
| 02/07/2020 | SETTLED AND CLOSED |

| STAGE | DATE / PIC |
|---|---|
| Non-Reporting ltr (1st): | |
| Non-Reporting ltr (2nd): | |
| 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: | | ☐ |
| Post-Repair Photos: | ☐ | ☐ |
| Others: | ☐ | ☐ |

**PRELIMINARY ADVICE** Date/Time: Sent By:

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

Repair Cost: L/S S$ 5,300.00 ( 4 days) Reduction: 51.02 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 13/06/2020 Confirm with XAVIER Email ☑ Call ☐

| | | |
|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 15 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ 5,300.00 | |
| Loss of Rental (LOR): | S$ ( days) | |
| Loss of Use (LOU): | S$ 480.00 ($ 80 x 6 days) | |
| Loss of Income (LOI): | S$ ($ x days) | |
| LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**] | | |
| GIA/LTA Search | S$ | |
| 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: $500.00 |
| **Total:** | **S$** 5,780.00 | **Global Sum S$:** 5,700.00 |

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

| | | | |
|---|---|---|---|
| Payee 1: | S$ 5,700.00 | Name 1: | ADVANCE AUTO GARAGE |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |