

INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **06/04/2020**Date / Time: **06/04/2020**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBB 8123S**Claim No. : **—**Name of Insured : **—**Policy No. : **—**Insured Tel No. : **—** HP: **—**Make / Model : **—****Excess Sec II :S\$** **D.O.A : 30/03/2020 15:05**Place of Accident : **OPEN SPACE C/P BISHAN ST 13**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****SLN 4026J**INSRS:
WSP: **HUA MENG**
Tel : **—**
Liability : **—**
RMKS: **—**INSRS:
WSP: **—**
Tel : **—**
Liability : **—**
RMKS: **—**INSRS:
WSP: **—**
Tel : **—**
Liability : **—**
RMKS: **—**INSRS:
WSP: **—**
Tel : **—**
Liability : **—**
RMKS: **—**

Date/ Time	STAGE	DATE / PIC
SLN 4026J - X	Non-Reporting ltr (1st):	
GBB 8123S - CC4/AIG12014872/Gst2y ; 20/07/2012	Non-Reporting ltr (2nd):	
NA/INC14006878/r3 ; 14/04/2014	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\$ 4,500.00 (4 days) Reduction: 8,610.95/66 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 18/9/2020 Confirm with JING YEE	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 4,500.00		
Loss of Rental (LOR): S\$ 600.00 (5 days) X \$120		
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\$		
Disbursement: S\$ (e.g. Tow/ Independent)		
Legal Cost S\$		
Total: S\$ 5,107.45 Global Sum S\$: 5,100.00		
FINAL PAYMENT Date/Time: — Confirm with: — Email ☐ Call ☐		
Payee 1: S\$ 5,100.00 Name 1: HUA MENG SPRAY PAINTING WORKSHOP		
Payee 2: (Strike if N.A.) S\$ Name 2: —		
Payee 3: (Strike if N.A.) S\$ Name 3: —		

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$ 400**

