15/5/2010

INS. CASE OWNER:

CC6/LPC20005064/Aba3q2

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: 07/04/2020   Date / Time : 07/04/2020

Registered in Merimen: _____

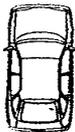**Pre-assign / CCU / FTE**

Insured Vehicle No.   : **SKB 8743X**   Claim No.   : _____

Name of Insured   : _____   Policy No.   : _____

Insured Tel No.   : _____ HP: _____   Make / Model   : _____

Excess Sec II :S$ D.O.A : 06/04/2020 17:20   Place of Accident : **BLK 631 ANG MO KIO AVENUE 4 CARPARK**

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**
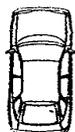
SLR 6219K ⟶ _____ ⟶ _____ _____ ⟶ _____

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

Date/ Time		SLR 6219K - X	SKB 8743X - X	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 :	☐ ☐
06/08/2021		SETTLED AND CLOSED / NO PHY FILE		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:

Repair Cost: **L/S**   S$ 3,600.00   (6 days) Reduction: 63.32 %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: 04/08/2021 Confirm with **XAVIER**   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,600.00	
Loss of Rental (LOR):	S$ (days)	OI REVERSED
Loss of Use (LOU):	S$ 900.00 ($100 x 9 days)	
Loss of Income (LOI):	S$ ($ 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: $400.00
Total:	S$ 4,500.00 Global Sum S$:	

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

Payee 1:	S$ 4,500.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	