15/5/2010

INS. CASE OWNER: ANG Yvonne 6568804461

CC4/ASM20005402/Aea3

LKK:

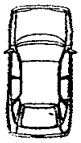
IDAC: 168469

ASSIGNMENT

Surveyor: ADRIAN DOI: 28/04/2020 Date / Time : 27/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJE 8191J

Name of Insured : ACE CAR RENTAL PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ 1,500.00

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : ZAKARIA BIN HAFIZ

Driver Tel No. : +65-96392011 (V/L: YES / NO)

Claim No. : S0M02N2K

Policy No. : P2371570

Make / Model : TOYOTA CAMRY 2.4

D.O.A : 26/01/2020 11:55

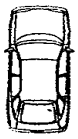
Place of Accident : ALONG KALIDASA AVENUE TOWARDS ~~MUNSHI ABDULLAH AVE~~

Nature of Accident :

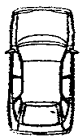
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

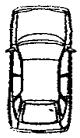
SLL 7163L → → →



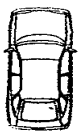
INSRS:
WSP:
Tel : CAS GARAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLL 7163L - X SJE 8191J - X	
	OINR. TO SEND 1ST LETTER.	

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: LWP

Repair Cost: L/S S$ 2,900.00 (3 days) Reduction: 73 % Email Call

FINAL SETTLEMENT Date/Time: 01.07.21 Confirm with GERINE Email Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,103.00	OID HIT TP PARKED VEHICLE
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 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$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $350
Total:	**S$** 3,319.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 01.07.21 Confirm with: GERINE Email Call

Payee 1:	S$ 3,319.45	Name 1:	CAS GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	