15/5/2010

INS. CASE OWNER:

CC6/AIG14023471/Kea3q2-1

LKK:

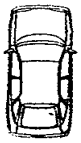
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SGG 5290B

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 05/12/2014

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

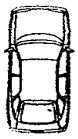
If **NO**, Driver Name / Age :

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

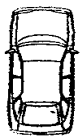
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

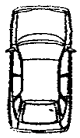
SJP 7452E → _____ → _____ → _____



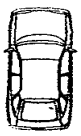
INSRS:
WSP: ALAN UNITED
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		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:
PRELIMINARY ADVICE	Date/Time:	Sent By: Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 1,600.00 (4 days)	Reduction: 34 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.09.20	Confirm with SHI JIE	Email ☐ Call ☐
Final Liability: 100	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST: $1,712.00	S$ 856.00	CONFLICTING VERSION	
Loss of Rental (LOR): -	S$ - (days)		
Loss of Use (LOU): $ 320.00	S$ 160.00 ($ 80 x 4 days)		
Loss of Income (LOI): -	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search $2.00	S$ 2.00		
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: REFER TO AC1612313
Total: $2,034.00	**S$** 1,018.00	**Global Sum S$:** 1,020.00	

FINAL PAYMENT	Date/Time: 06.09.20	Confirm with: SHI JIE	Email ☐ Call ☐
Payee 1:	S$ 1,020.00	Name 1:	ALAN'S UNITED AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	