15/5/2010

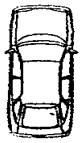
INS. CASE OWNER: OH Vale | CC4/ASM20006193/Ags3 | LKK: IDAC: 171290

ASSIGNMENT

Surveyor: ADRIAN DOI: 11/06/2020 Date / Time : 11/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SFA 4821U Claim No. : S0M02P2J

Name of Insured : WONG JANG CHYE Policy No. : GA459808

Insured Tel No. : HP: Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)

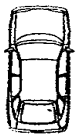
Excess Sec II :S$ D.O.A : 10/06/2020 Place of Accident : SLIP ROAD OF SLE TOWARDS BKE

Is driver the owner? (YES / NO) Nature of Accident :

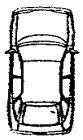
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

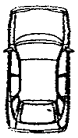
GBJ 2744Y → → →



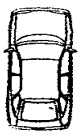
INSRS:
WSP: ADVANCE AUTO GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
	GBJ 2744Y - CC4/FWD19008495/Awa3q2 ; 10/05/2019	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	SFA 4821U - X	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$ 6900.00 (8 days)	Reduction: 8435.37 % 55	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/11/2020	Confirm with XAVIER	Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6900.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 600.00 ($ 60 x 10 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: $350.00
Total:	**S$** 7500.00 **Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7500.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	