15/5/2010

INS. CASE OWNER:

CC6/FCI20006427/Aea3

LKK:

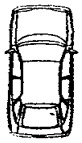
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 16/06/2020 Date / Time : 16/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3710D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

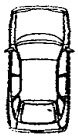
Excess Sec II :S$ D.O.A : 15/06/2020 Place of Accident :

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

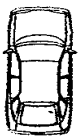
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

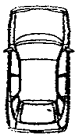
SJM 9712H → → →



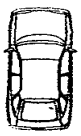
INSRS:
WSP: ZERO GRAVITY
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJM 9712H - NBA/AIG20006344/Y ; 15.06.2020
	SHC 3710 - CC4/AIG20005984/Fps3 ; 26/05/2020
	CC4/FCI20006016/Eba3 ; 26/05/2020
	CS/FCI19010882/R1td3n2 ; 17/06/2019
	NA/AIG20005966/h4 ; 26/05/2020
	NBA/AIG20006344/Y ; 15/06/2020
	NS/INC15002330/H1tbd1 ; 04/02/2015

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$ 4,100.00 (5 days) Reduction: 59 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05.11.20 Confirm with VALERIE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 1	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,100.00 OID EXIT FROM SLIP ROAD HIT TP	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 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$ -	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $500
Total:	**S$** 4,407.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 05.11.20 Confirm with: VALERIE Email ☐ Call ☐

Payee 1:	S$ 4,407.45	Name 1:	ZERO GRAVITY
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	