	LKK:
CC6/AIG20006906/Aev3	IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: 01/07/2020   Date / Time : 02/07/2020

Registered in Merimen: 02/07/2020

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **SLZ 2715D**   Claim No.   :

Name of Insured   :   Policy No.   :

Insured Tel No.   :   HP: Make / Model   :

Excess Sec II :S$ D.O.A : 30/06/2020   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**

SJQ 7824K ——→ ——→ ——→

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

Date/ Time		STAGE	DATE / PIC
	SJQ 7824K - NA/AIG20006883/r3 ; 30/06/2020	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SLZ 2715D - NA/AIG20006883/r3 ; 30/06/2020	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$ 10,500.00   (12 days) Reduction: 53 %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: 18.12.20   Confirm with XAVIER   Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 10,500.00 3VEH CC OID LAST	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 800.00 ($ 50 x 16 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: $320
Total:	**S$ 11,300.00** **Global Sum S$:**	

FINAL PAYMENT   Date/Time: 18.12.20   Confirm with: XAVIER   Email ☐ Call ☐

Payee 1:	S$ 11,300.00	Name 1: ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: