15/5/2010

INS. CASE OWNER: CC6 / CTI 2000 7239 / Qes3

LKK:

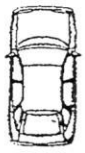
IDAC:

ASSIGNMENT

Surveyor: OSP DOI: 13/07/2020 Date / Time : 13/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 403S

Name of Insured : ABS LEASING SERVICES PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 09/07/2020

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

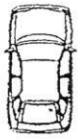
Place of Accident :

Nature of Accident :

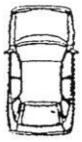
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

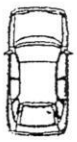
SML 4183L → → →



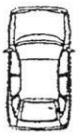
INSRS:
WSP: AUTOMOTIVE
Tel : REPAIR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SML 4183L : NA/CTI20007198/z4 ; DOA : 09/07/2020 GBA 403S :

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: OSP
Repair Cost: P/P	S$ 6,746.00 (5 days)	Reduction: 52 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.10.20	Confirm with SHUJUAN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 7,218.22		OID EXIT FROM PARKING LOT HIT TP
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	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: $400
Total:	**S$ 7,640.22**	**Global Sum S$:** 7,640.00	
FINAL PAYMENT	Date/Time: 16.10.20	Confirm with: SHUJUAN	Email ☐ Call ☐

Payee 1:	S$ 7,640.00	Name 1:	AUTOMOTIVE REPAIR CENTRE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	