INS. CASE OWNER:	TEO Kitty 6568804602	CC4/ASM20008053/Apa3	LKK: IDAC: 176107

ASSIGNMENT

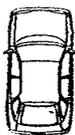Surveyor: **ADRIAN**　　DOI: 04/08/2020　　Date / Time : 04/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE
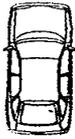
Insured Vehicle No. : **YN 2263A**	Claim No. : **S0M02RL1**
Name of Insured : **SHALOM LOGISTIC PTE LTD**	Policy No. : **GA539403**
Insured Tel No. : 　　HP:	Make / Model : **MIT. FE83BEOSRDEA-3.0 D B31 (A)**
Excess Sec II :S$ 　D.O.A : 28/07/2020 11:50	Place of Accident : **5A HOLLAND CLOSE (BESIDE MSCP)**

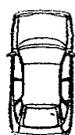Is driver the owner? (YES / NO)　Nature of Accident :

If **NO**, Driver Name / Age : MUHAMMAD AL-MUBARAK BIN SURATIN　　OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLC 9155U ⟶ ⟶ ⟶
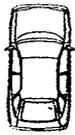
INSRS: WSP: CAS GARAGE Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLC 9155U - X	Non-Reporting ltr (1st):	
	YN 2263A - NA/AIG17007771/r3 ; 19/04/2017	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
01/12/2020	Pls refer to VIEWS for details.	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/sum** S$ 3,400.00 (3 days) Reduction: 65 %　　Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/12/2020　Confirm with: **Nicole**　　Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ 3,317.00	
Loss of Rental (LOR):	S$ 450.00 (3 days) x $150.00	
Loss of Use (LOU):	S$ ($ x 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: $350.00
Total:	S$ 3,767.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time:　　Confirm with:　　Email ☑ Call ☐

Payee 1:	S$ 3,767.00	Name 1: **Cas Garage Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: