15/5/2010

INS. CASE OWNER: CC6 /AIG 2000 8216 / Aes3

LKK:

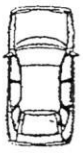
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 07/08/2020 Date / Time : 11/08/2020

Registered in Merimen: 11/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 4490K Claim No. :

Name of Insured : METAQUIP TC INDUSTRIAL PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

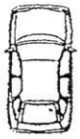
Excess Sec II :S$ D.O.A : 07/08/2020 Place of Accident :

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

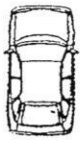
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

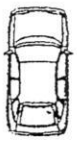
SLV 6664L → → →



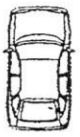
INSRS:
WSP: ADVANCE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLV 6664L : X ; GBK 4490K : X

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$ 8,800.00 (7 days) Reduction: 47 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 23.02.21 Confirm with XAVIER Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

OID REAR ENDED TP

Repair Cost: S$ 8,800.00

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 540.00 ($ 60 x 9 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$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal/~~Reject/Private Sette~~

2) Report Format: TP

3) Survey fee: $320

Total: **S$** 9,340.00 **Global Sum S$:**

FINAL PAYMENT Date/Time: 23.02.21 Confirm with: XAVIER Email ☐ Call ☐

Payee 1:	S$ 9,340.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	