15/5/2010

INS. CASE OWNER: CC 6 / CTI 2000 8346 / Aes3

LKK:

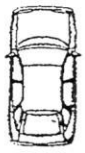
IDAC:

ASSIGNMENT

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

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SCW 7837A Claim No. :

Name of Insured : CHNG HOON HOON Policy No. :

Insured Tel No. : HP: Make / Model :

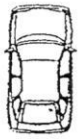
Excess Sec II :S$ D.O.A : 07/08/2020 Place of Accident :

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

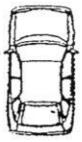
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

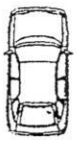
SKA 2456U → → →



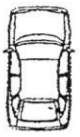
INSRS:
WSP: ADVANCE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKA 2456U : NA/CTI20008237/r3 ; DOA : 07/08/2020
	SCW 7837A : CC3/AIG15001861/H1sm3s2 ; DOA : 30/01/2015

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 (6 days)	Reduction: 48 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01.03.22	Confirm with XAVIER	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,100.00		OI CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 600.00 ($ 60 x 10 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: $400
Total:	**S$ 4,700.00**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 01.03.22	Confirm with: XAVIER	Email ☐ Call ☐

Payee 1:	S$ 4,700.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	