15/5/2010

INS. CASE OWNER: CC 4 /ASM 2000 8447 / Ags3

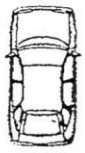
LKK:
IDAC: 176888

ASSIGNMENT

Surveyor: Adrian DOI: 13/08/2020 Date / Time : 13/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJQ 6243T Claim No. : S0M02S30

Name of Insured : ANG SIEW CHONG, VINCENT Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/08/2020 Place of Accident :

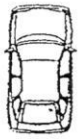
Is driver the owner? (YES / NO) Nature of Accident :

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

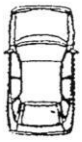
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

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

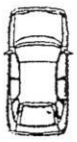
SBU 2933K → → →



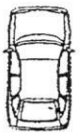
INSRS:
WSP: ADVANCE
Tel : AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SBU 2933K : X ; SJQ 6243T : 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:
Repair Cost: L/S	S$ 6600.00 (6 days)	Reduction: 10,040.80 % 60	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/12/2020	Confirm with XAVIER	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6600.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 400.00 ($ 50.00 x 8 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: $350.00
Total:	**S$** 7000.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐

Payee 1:	S$ 7000.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	