

INS. CASE OWNER:

CC 4 / AIG 2000 8582 / Krs3

LKK:

IDAC:

ASSIGNMENT

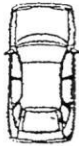
Surveyor: Kenneth

DOI: 18/08/2020

Date / Time: 18/08/2020

Registered in Merimen: 18/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKP 6755B

Claim No. :

Name of Insured : ANDREW YONG CHONG TECK

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$

D.O.A : 14/08/2020

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. :

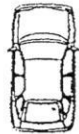
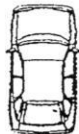
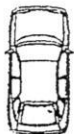
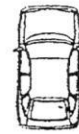
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

GBD 2807G


 INSRs:
 WSP: ALAN'S UNITED
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	GBD 2807G : CS3/CTI18021489/Gcd3e2 ; DOA : 19/11/2018 SKP 6755B : 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/SUM	S\$ 10,950.00 (12 days)	Reduction: 39 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 29/7/2021	Confirm with SHI JIE	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 11,716.50			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 1,500.00 (\$ 100 x 15 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: 320.00		
Total:	S\$ 13,218.50	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 13,218.50	Name 1:	Alan's United Auto Pte. Ltd.	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		