

INS. CASE OWNER: Bernard Ler

CC4/AIG20008811/ga3

LKK:  
IDAC:ASSIGNMENT

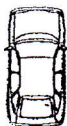
Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : 21/08/2020

Registered in Merimen: 21/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMS 4637H

Claim No. : 5776102651SG

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_

HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$

D.O.A : 19/08/2020

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_

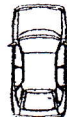
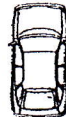
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

GBB 5049T

INSRS:  
WSP: Auto N Cars  
Tel: Services Pte Ltd.  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time | 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:             |                                                   |
|            | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>                      |
|            | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/> |
|            | After call ltr to OI:             | <input type="checkbox"/> <input type="checkbox"/> |
|            | Authorisation To Act:             | <input type="checkbox"/> <input type="checkbox"/> |
|            | Release Voucher:                  | <input type="checkbox"/> <input type="checkbox"/> |
|            | Final Repair Bill:                | <input type="checkbox"/> <input type="checkbox"/> |
|            | Car Rental Invoice:               | <input type="checkbox"/> <input type="checkbox"/> |
|            | Towing Invoice                    | <input type="checkbox"/> <input type="checkbox"/> |
|            | LTA / GIA :                       | <input type="checkbox"/> <input type="checkbox"/> |
|            | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/> |
|            | PIR:                              | <input type="checkbox"/> <input type="checkbox"/> |
|            | Mandate/Reject Instruction:       | <input type="checkbox"/> <input type="checkbox"/> |
|            | LOD                               | <input type="checkbox"/> <input type="checkbox"/> |
|            | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/> |
|            | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/> |
|            | Others:                           | <input type="checkbox"/> <input type="checkbox"/> |

09062021

OI VIDEO - OI TRAVELLING WITHIN LANE, TP CUT INTO OI LANE.  
NO SURVEY DONE, MR YEW TO SIGN

| PRELIMINARY ADVICE                                                  |                                    | Date/Time:                          | Sent By:      |
|---------------------------------------------------------------------|------------------------------------|-------------------------------------|---------------|
| <b>FINALIZATION</b>                                                 |                                    | Date/Time:                          | Confirm with: |
| Repair Cost:                                                        | S\$                                | ( days) Reduction:                  | %             |
| <b>FINAL SETTLEMENT</b>                                             |                                    | Date/Time:                          | Confirm with: |
| Final Liability:                                                    | %                                  | Assessed / Assessed) BOLA S/N No. : |               |
| Repair Cost:                                                        | S\$                                |                                     |               |
| Loss of Rental (LOR):                                               | S\$                                | ( days)                             |               |
| Loss of Use (LOU):                                                  | S\$                                | (\$ days)                           |               |
| Loss of Income (LOI):                                               | S\$                                | (\$ )                               |               |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LO <input type="checkbox"/>         | [Tick         |
| GIA/LTA Search                                                      | S\$                                |                                     |               |
| Medical:                                                            | S\$                                |                                     |               |
| Disbursement:                                                       | S\$                                | ( dependent )                       |               |
| Legal Cost                                                          | S\$                                |                                     |               |
| <b>Total:</b>                                                       | S\$                                | <b>Global</b>                       |               |
| <b>FINAL PAYMENT</b>                                                |                                    | Date/Time:                          | Confirm with: |
| Payee 1:                                                            | S\$                                |                                     |               |
| Payee 2: (Strike if N.A.)                                           | S\$                                |                                     |               |
| Payee 3: (Strike if N.A.)                                           | S\$                                |                                     |               |