

INS. CASE OWNER:

CC 4 /LPC2000 9106 / Ags3

LKK:
IDAC:

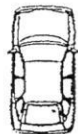
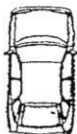
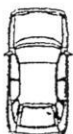
ASSIGNMENT

Surveyor: AdrianDOI: 23/09/2020Date / Time : 28/08/2020Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SDZ 2259DClaim No. : Name of Insured : KOH SOON HENGPolicy No. : Insured Tel No. : HP: Make / Model : Excess Sec II : S\$ D.O.A : 25/08/2020Place 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 / NODriver Tel No. : (V/L: ☒ YES / NO)Insured Liability : % Final ? Yes / No

SDD 6333G

INSRS:
WSP: **PROGRESSIVE**
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SDD 6333G : CC3/AIG15013742/H1ha3q2 ; DOA : 12/08/2015 SDZ 2259D : 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: P/P	S\$ 250.00	(1 days) Reduction: 3961.80	% 94	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/12/2020	Confirm with: PEI WEN	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	26	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 267.50	W/GST		
Loss of Rental (LOR):	S\$ 100.00	(1 days) x \$100		
Loss of Use (LOU):	S\$	(\$ x 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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
Total:	S\$ 369.50	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 369.50	Name 1:	PROGRESSIVE CAR CARE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		