15/5/2010

INS. CASE OWNER:

CC4/LPC16004854/M1ba3q2-1

LKK:

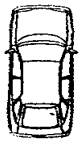
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SCV 7808P

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 12/03/2016

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

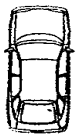
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

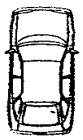
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

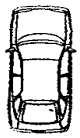
SJM 2131E → _____ → _____ → _____



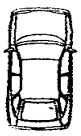
INSRS:
WSP:
Tel :
Liability :
RMKS:



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:	

		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	☐	☐
11/05/2021	SETTLED AND CLOSED / NO PHY FILE	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$ 9,000.00 (9 days) Reduction: 59.62 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/05/2021 Confirm with ADMIN TEAM Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	0%
Repair Cost:	S$ 9,000.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 660.00 ($ 60 x 11 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:	$100.00
Total:	**S$** 9,662.00 **Global Sum S$:** 9,600.00		

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 9,600.00	Name 1:	AUTOWORX HOUSE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	