15/5/2010

INS. CASE OWNER:

CC4/III20009222/ga3

LKK:

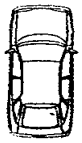
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 31/08/2020

Registered in Merimen: 31/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8193M

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 29/8/2020 13:15

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

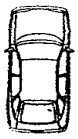
Place of Accident :

Nature of Accident :

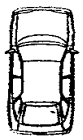
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

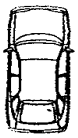
SJL 6182L → _____ → _____ → _____



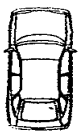
INSRS:
WSP: William Lee Car
Tel : Air Con
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJL 6182L - X	**STAGE** **DATE / PIC**
	SHC 8193M - CC3/AIG12005333/H1sg2q2 ; 12/03/2012	Non-Reporting ltr (1st):
	CC3/III17007438/R1yb3q2 ; 12/04/2017	Non-Reporting ltr (2nd):
	NS/INC12000583/H1fn ; 07/01/2012	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$ 9200.00 (9 days) Reduction: 10,966.48 % 54 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06/10/2020 Confirm with WILLIAM Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ 9000.00 (III'S INSTRUCTION)	
Loss of Rental (LOR):	S$ (days)	C.C (OI LAST)
Loss of Use (LOU):	S$ 550.00 ($ 50 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$	
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: $600.00
Total:	**S$** 9550.00 **Global Sum S$:**	

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

Payee 1:	S$ 9550.00	Name 1:	WILLIAM LEE CAR AIRCON ENGINEERING
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	