15/5/2010

INS. CASE OWNER: CC6/AIG20009357/Ars3

LKK:

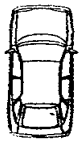
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 01/09/2020 Date / Time : 02/09/2020 A

Registered in Merimen: 02/09/2020 A

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 3172H Claim No. :

Name of Insured : ORANGE CARS Policy No. :

Insured Tel No. : HP: Make / Model : TOYOTA VIOS E AUTO

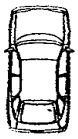
Excess Sec II :S$ D.O.A : 30/08/2020 16:30 Place of Accident : KALLANG WAY

Is driver the owner? (YES / NO) Nature of Accident :

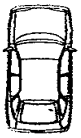
If **NO**, Driver Name / Age : VANI D/O VEL OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

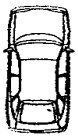
SMS 6817S → → →



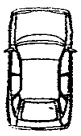
INSRS:
WSP: ADVANCE AUTO
Tel : GARAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
		Non-Reporting ltr (1st):
	SMS 6817S - X SJV 3172H - X	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: ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 5,900.00 (5 days)	Reduction: 56 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28.12.2020	Confirm with XAVIER	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 13B	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,900.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 700.00 ($ 100 x 7 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: 320.00
Total:	**S$** 6,600.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,600.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	