15/5/2010

INS. CASE OWNER:

CC6/AIG20009875/Aba3

LKK:

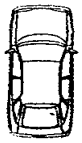
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 14/09/2020 Date / Time : 14/09/2020

Registered in Merimen: 15/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDN 8990T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

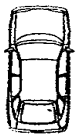
Excess Sec II :S$ D.O.A : 11/09/2020 22:15 Place of Accident : PIE (TUAS) BEFORE CTE EXIT

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

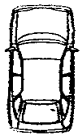
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

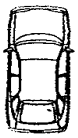
SKK 2848U → SDN 8990T → SJQ 1561H →



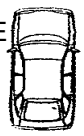
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJQ 1561H - CC6/AIG16017028/Uzb3q2 ; 08.09.2016		
	SDN 8990T - NA/AIG20009770/z4 ; 11.09.2020	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:		

22/03/2021 SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 4,800.00 (6 days) Reduction: 42.30 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/03/2021 Confirm with XAVIER Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0

Repair Cost: S$ 4,800.00

Loss of Rental (LOR): S$ 720.00 (6 days) x $120.00

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$

Medical: S$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ 5,520.00 3) Survey fee: $320.00

Total: S$ 5,520.00 **Global Sum S$:** 5,300.00

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

Payee 1:	S$ 5,300.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	