15/5/2010

INS. CASE OWNER: CC6/AIG20010044/Aes3

LKK:

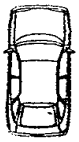
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 17/09/2020 Date / Time : 18/09/2020

Registered in Merimen: 18/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 3625C Claim No. :

Name of Insured : MOBEL STORY PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

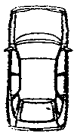
Excess Sec II :S$ D.O.A : 15/09/2020 Place of Accident :

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

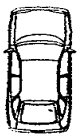
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

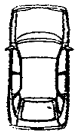
SMP 1373D → → →



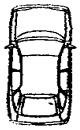
INSRS:
WSP: 1ST AUTOWORKS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMP 1373D :
	GBE 3625C : ~~NBA/AIG20009953/Y ; DOA : 15/09/2020~~

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: LWP
Repair Cost: L/S	S$ 4,950.00	(5 days) Reduction: 67 %	Email Call
FINAL SETTLEMENT	Date/Time: 07.04.21	Confirm with SUHAIMI	Email Cal
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,296.50	OID REVERSED OUT FROM PARKING LOT AND HIT TP	
Loss of Rental (LOR):	S$ -	(days)	
Loss of Use (LOU):	S$ 300.00	($ 60 x 5 days)	
Loss of Income (LOI):	S$ -	($ x days)	
LOR only	LOU only ✓	LOR + LOU	LOR + LO [**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: $320
Total:	**S$** 5,596.50	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 07.04.21	Confirm with: SUHAIMI	Email Cal

Payee 1:	S$ 5,596.50	Name 1:	1ST AUTOWORKS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	