15/5/2010

INS. CASE OWNER:

CC4/III20012717/Qpa3

LKK:

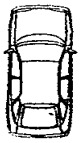
IDAC:

ASSIGNMENT

Surveyor: Sun Pin DOI: 28/12/2020 Date / Time : 18/11/2020

Registered in Merimen: 18/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 3992K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

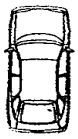
Excess Sec II :S$ D.O.A : 13/11/2020 19:30 Place of Accident : JUNCTION OF ORCHARD ROAD & HANDY ROAD

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

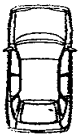
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

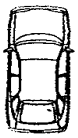
SLC 5109E → → →



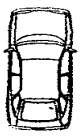
INSRS:
WSP: Automotive
Tel : Repair Centre
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLC 5109E - X	**STAGE** **DATE / PIC**
	SLQ 3992K - NBA/INC17013808/Y ; 14/07/2017	Non-Reporting ltr (1st):
	NBA/INC17022459/Y ; 24/11/2017	Non-Reporting ltr (2nd):
	NBA/INC18000009/Y ; 31/12/2017	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
03/04/2021	Pls refer to Views for details.	**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/sum	S$ 1,800.00 (3 days) Reduction: 61 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:03/04/2021	Confirm with Shu Juan	Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 1,926.00 w/GST	S$ 963.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU): 300	S$ 150.00 ($100 x 3 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45		
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: $350.00
Total:	**S$** 1,120.45	**Global Sum S$:** 1,100.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,100.00	Name 1: Automotive Repair Centre Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	