15/5/2010

INS. CASE OWNER:

CC4/III20013879/Apa3

LKK:

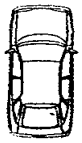
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 15/12/2020 Date / Time : 15/12/2020

Registered in Merimen: 15/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 5899R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

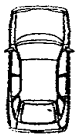
Excess Sec II :S$ D.O.A : 12.12.2020 Place of Accident : 47 JLN PEMIMPIN HALCYON 2 CARPARK

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

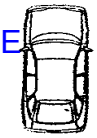
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

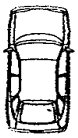
SMV 3109G →



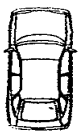
INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMV 3109G - X GBE 5899R - X	**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:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: L/S	S$ 9,850.00 (6 days)	Reduction: 72 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17.12.21	Confirm with GERINE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 10,539.50	OID REVERSED HIT TP PARKED VEHICLE	
Loss of Rental (LOR):	S$ 1,000.00 (10 days)	x $100	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $600	
Total:	**S$** 11,546.95	**Global Sum S$:** 11,540.00	

FINAL PAYMENT	Date/Time: 17.12.21	Confirm with: GERINE	Email ☐ Call ☐
Payee 1:	S$ 11,540.00	Name 1:	CAS GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	