15/5/2010

INS. CASE OWNER: CC6/AIG20014324/Uga3

LKK:

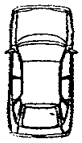
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 24/12/2020 Date / Time : 22/12/2020

Registered in Merimen: 22/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 113P

Name of Insured : ELLEN PUSPITASARI

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 19/12/2020 17:20

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : 1900234555

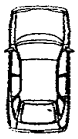
Make / Model : Citroen C4

Place of Accident : PIE ramp (Tuas) entrance from Lornie

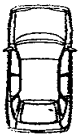
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

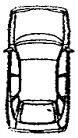
SLP 7663P →



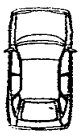
INSRS:
WSP: Nineteen Autowerks
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLP 7663P - X SLE 113P - 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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 1,200.00 (3 days) Reduction: $11,879.94 % 91 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 28/05/2021 Confirm with JEREMY Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,200.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 250.00 ($ 50 x 5 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: $320.00
Total:	**S$** 1,457.45 **Global Sum S$:**	

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

Payee 1:	S$ 1,457.45	Name 1:	Nineteen Autowerks Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	