15/5/2010

INS. CASE OWNER: ~~CC4/LPC20014609/pa3~~

LKK:

IDAC:

ASSIGNMENT CC4/LPC20014609/Apa3q2

Surveyor: Adrian DOI: 28/12/2020 Date / Time : 28/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 648B Claim No. : 19/20/21/VC00/024048

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 24/12/2020 13:33 Place of Accident : Farrer Rd, Singapore

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**

SLX 9056L → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Advance Auto Garage	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLX 9056L - NA/FWD20014486/r3 ; 24.12.2020	Non-Reporting ltr (1st):	
	YP 648B - CS3/GAI18003902/Gbs2 ; 24/02/2018	Non-Reporting ltr (2nd):	
	NA/FWD20014486/r3 ; 24/12/2020	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
15/04/2021	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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 7,800.00 (7 days) Reduction: 44 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/04/2021	Confirm with Xaiver	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7,800.00		
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$		
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: $400.00
Total:	**S$** 8,800.00	**Global Sum S$:** 8,800.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 8,800.00	Name 1: Advance Auto Garage	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	