

INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **28/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBB 8184R**Claim No. : **S0M02ZIW**

Name of Insured : _____

Policy No. : **GA543159**

Insured Tel No. : _____ HP: _____

Make / Model : **NISSAN NV200 1.5****Excess Sec II : S\$** _____ D.O.A : **28/12/2020 08:50**Place of Accident : **LOYANG AVE & CHANGI VILLAGE RD**

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

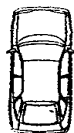
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SGX 7662J****GBB 8184R****SJP 8311Y**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP:
Tel :
Liability :
RMKS:**New Hock Teck
Motor Pte Ltd****TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJP 8311Y - CC4/ASM18021059/Ajb3q2 ; 19/11/2018	STAGE	DATE / PIC
	CC6/AXA11007963/Ry2c3k2 ; 15/04/2011	Non-Reporting ltr (1st):	
	NA/INC10004970/As1 ; 12/03/2010	Non-Reporting ltr (2nd):	
	NA/INC10004983/p1 ; 12/03/2010	Non-Reporting ltr (Final):	
	GBB 8184R - CS/INC12005049/Afn ; 06.03.2012	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler
		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: P/P	S\$ \$2,686.88 (3 days) Reduction: \$6,013.12 % 69		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/02/2021 Confirm with SUKYI		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$ 2,874.96 W/GST		
Loss of Rental (LOR):	S\$ (days)		C.C (OI 2ND)
Loss of Use (LOU):	S\$ 200.00 (\$ 50 x 4 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
Medical:	S\$ 192.60		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\$ 3,269.56	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 3,269.56	Name 1:	NEW HOCK TECK MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	