15/5/2010

INS. CASE OWNER: KHOR Saw Theng 6568804754

CC4/ASM20014684/Aga3

LKK:

IDAC: 192605

ASSIGNMENT

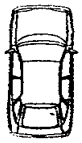
Surveyor: ADRIAN

DOI: 29/12/2020

Date / Time : 29/12/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 866M

Claim No. : S0M02ZIU

Name of Insured :

Policy No. : GA292233

Insured Tel No. : HP:

Make / Model : VOLKSWAGEN SHARAN 2.0 TSI

Excess Sec II :S$

D.O.A : 26/12/2020

Place of Accident : UPPER SERANGOON ROAD

Is driver the owner? (YES / NO)

Nature of Accident :

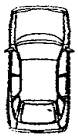
If **NO**, Driver Name / Age :

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

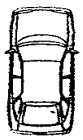
Driver Tel No. : (V/L: YES / NO)

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

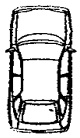
SKG 1133B → → →



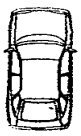
INSRS:
WSP: Advance Auto Garage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKG 1133B - NA/INC15004775/n4 ; 18/03/2015
	NA/INC20014569/r3 ; 26/12/2020
	NA/INC20014586/z4 ; 26/12/2020
	SKS 866M - CC4/AIG20014612/pa3 ; 26/12/2020
	NA/INC20014586/z4 ; 26/12/2020
	NBA/AIG20014570/Y; 26/12/2020

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: REPAIR LIMIT S$ $10,200.00 (7 days) Reduction: $11,289.90 % 53 Email ☐ Call ☐

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

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 10,200.00	
Loss of Rental (LOR):	S$ 800.00 (8 days) x $100.00	C.C (OI 3RD)
Loss of Use (LOU):	S$ ($ 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: $350.00
Total:	**S$** 11,000.00	**Global Sum S$:**

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

Payee 1:	S$ 11,000.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	