CC4/AIG21000524/Ups3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 12/01/2021   Date / Time : 12/01/2021

Registered in Merimen: 12/01/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGV 5001R**	Claim No. :
Name of Insured : **UNITED STEEL PTE LTD**	Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : **09/01/2021**	Place of Accident :

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**

SLC 1260B ⟶ _____ ⟶ _____   _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **NINETEEN**	WSP:	WSP:	WSP:
Tel : **AUTOWERKS**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SLC 1260B : X ; SGV 5001R : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
12/04/2021	**Pls refer to VIEWS for details.**	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/sum** S$ **2,500.00** (**4** days) Reduction: **81** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **12/04/2021** 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$ **2,500.00**	
Loss of Rental (LOR):	S$ **400.00** (**4** days) x**$100.00**	
Loss of Use (LOU):	S$ ($ 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: **$320.00**
Total:	S$ **2,907.45** Global Sum S$: **2,900.00**	

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

Payee 1:	S$ **2,900.00**	Name 1: **Nineteen Autowerks Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: