15/5/2010

INS. CASE OWNER:

CC6/FCI21000629/Aea3

LKK:

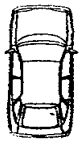
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 11/01/2021 Date / Time : 11/01/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 3388U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

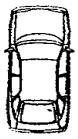
Excess Sec II :S$ D.O.A : 08/01/2021 17:00 Place of Accident : WOODLAND ROAD

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

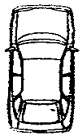
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

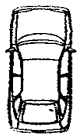
SLL 9225D → → →



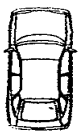
INSRS:
WSP: ADVANCE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLL 9225D - NA/FWD21000395/h4 ; 08.01.2021
	SH 3388U - CC7/AIG12004469/Upb3y ; 29/02/2012
	CS3/AIG14004206/Cpm3q2-1 ; 28/02/2014
	CS3/AIG14004206/Ea3q2 ; 28/02/2014
	CS3/CTI18004012/Wd3s2 ; 15/02/2018
	CS3/FCI14002661/YCqm3d1 ; 03/02/2014
	CS3/INC12004540/Kf ; 29/02/2012
	CS3/TMI18008303/Uz4be2 ; 29/04/2018
	NA/CTI18003250/z4 ; 15/02/2018
	NA/FWD21000395/h4 ; 08/01/2021
	NA/INC08022388/r ; 10/08/2008
	NBA/INC16020088/Y ; 20/10/2016
	NS/INC10002298/Cn ; 02/02/2010

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: LWP
Repair Cost: L/S	S$ 6,800.00	(9 days) Reduction: 40 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	SURVEY FEE: $185
Loss of Income (LOI):	S$	($ x days)	TRANSPORT: $150
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	PHOTO : $113
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP/WP
Legal Cost	S$		3) Survey fee: $448
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	