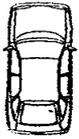|		LKK:
INS. CASE OWNER:	**CC4/AIG21001557/T1pa3**	IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**   DOI: **03/02/2021**   Date / Time : **02/02/2021**

Registered in Merimen: **02/02/2021**

Pre-assign / CCU / FTE
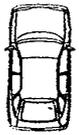
Insured Vehicle No. : **SGV 5357P**   Claim No. :

Name of Insured : **Mr Bai Yongfeng**   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **31/01/2021 15:15**   Place of Accident : **PIE TO CHANGI**

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

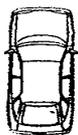If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SGV 5357P → **SMG 5378L** → **SJX 4721G** → **SLZ 6928E**

INSRS:	INSRS: **AP Automotive Services Pte Ltd.**	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: **OI**	RMKS: **TP**	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMG 5378L - X	Non-Reporting ltr (1st):	
	SGV 5357P - NA/AWA16001987/r3 ; 29.01.2016	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
17/01/2022	**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$ **17,800.00** (**12** days) Reduction: **61** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **17/01/2022** Confirm with **Juliana**   Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia : **0**	
Repair Cost: **w/GST**	S$ **19,046.00**		
Loss of Rental (LOR) **w/GST**	S$ **1,391.00** (**13** 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$ **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: **$320.00**	
Total:	S$ **20,444.45** Global Sum S$: **20,200.00**		

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

Payee 1:	S$ **20,200.00** Name 1:	**AP Automotive Services Pte Ltd**
Payee 2: (Strike if N.A.)	S$ Name 2:	
Payee 3: (Strike if N.A.)	S$ Name 3:	