15/5/2010

INS. CASE OWNER: CC4/ASM21001669/Qba3

LKK:

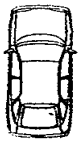
IDAC: 197255

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 24/03/2021 Date / Time : 04/02/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 6639Y Claim No. : S1M031Z1

Name of Insured : Abdul Rahman Bin Bujang Policy No. : GA462186

Insured Tel No. : HP: Make / Model :

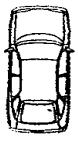
Excess Sec II :S$ D.O.A : 01/02/2021 14:15 Place of Accident : Along Cheong Chin Nam Road side Parking Lot (Opposite Al Azhar Restaurant)

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

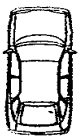
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

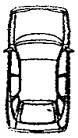
SLB 188P → → →



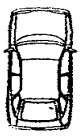
INSRS:
WSP: CAR PRO AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLB 188P SKC 6639Y NBA/AIG21001554/Y ; 01.02.2021	
03/08/2021	SETTLED AND CLOSED / NO PHY FILE	

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: PAYNOW FORM	✓	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 3,450.00 (3 days) Reduction: 81.23 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 30/07/2021 Confirm with WINSTON TAN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,450.00	
Loss of Rental (LOR):	S$ 360.00 (3 days) X $120.00	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$	
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: $350.00
Total:	**S$** 3,810.00 **Global Sum S$:**	

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

Payee 1:	S$ 3,810.00	Name 1:	CAR PRO AUTO
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	