15/5/2010		000/4100400007/4		•	LKK:		
INS. CASE OWNER	. CC6/AIG210		002237/A	02237/Aga3		IDAC:	
		ASSIGN	MENT				
	LMD				47/00/0004		
Surveyor:	<u>LWP</u>	WP DOI: 10/02/2021		Date / Time :			
				Registered in Meri	imen: <u>17/02</u>	/2021	
Pre-assign / CCU	/ FTE						
Insured Vehicle No	. : <u>SKE 4100</u> I		Claim No.				
insured vehicle ivi			Ciaiiii ivo.	• -			
Name of Insured	: TEO PAUL	<u>NE</u>	Policy No.	:			
Insured Tel No.		HP:	Make / Model	•			
		D.O.A: 09/02/2021			LANDS AVE 1		
Excess Sec II :S\$			Place of Accid	ient: VVOOD	LANDS AVE	12	
Is driver the owner	? (YES / NO)	Nature of Accident :					
If NO , Driver Name / Age: OI GIA REPORT					GIA REPORT: YE	ES / NO	
Driver Tel	(V/L: YES / NO)	Insured Liabil	ity: %	Final? Yes/No			
	_						
<u>SLS 5720</u>	<u>E</u> _				→		
INSRS:	INSRS		INSRS:		INSRS:		
WSP: ADVANO			WSP:		WSP:		
Tel: GARAG		1-4	Tel:	n-a	Tel:		
Liability:	Liabilit	y:	Liability:		Liability:		
RMKS:	RMKS		RMKS:		RMKS:		
Date/ Time							
				STAGE	DA	ΓE / PIC	
				Non-Reporting ltr (1			
				Non-Reporting ltr (2			
				Non-Reporting ltr (I			
				Notification ltr (if no Call OI:	on-pickup):		
				_			
				After call ltr to OI: Documentation Check List: Handler Typist			
				Notification ltr (if no		Typist	
				After call ltr to OI:	л-ріскир)		
				Authorisation To Ac	ot:		
				Release Voucher:	7.		
				Final Repair Bill:			
				Car Rental Invoice:			
				Towing Invoice			
				LTA / GIA :			
	CLAIMANT BAT	HIARZ DTE I TO		Medical Bill:		†	
CLAIMANT - BATH LABZ PTE LTD				PIR:		 	
	TPV:MB C180 - 1	50500		Mandate/Reject In	etruction:	+	
		Jagoo		LOD	su ucuoli.	-	
				Payment Breakdov	wn Form:	- 	
PRELIMINARY ADVICE Date/Time: Sent By:				Post-Repair Photo		<u> </u>	
		- 		Others:	<u> </u>		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:			
Repair Cost: L/S	s\$3,000.00 (3		.40 % 71		Email Call		
FINAL SETTLEMENT	Date/Time: 13/05/2022			Email Call			
Final Liability:			NIL	If NO or B 28, Ass	 s. Lia :		
Repair Cost: 3,000.00	s\$ 1,500.00	,					
Loss of Rental (LOR):	S\$ (days)			CT BETWEE		
Loss of Use (LOU): 180	S\$ 90.00 (\$ 60 x	TP VEHICLE. HOWEVER, OI					
Loss of Income (LOI): S\$ / (\$ x days)				ENCROACHED INTO TP LANE			
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]				LEADING TP VEHICLE TO MOUNT			
GIA/LTA Search	S\$			TO KERB			
Medical:	S\$			1) Claim status: N	ormal/Reject/Private	Settle	
Disbursement:	S\$	(e.g. Tow/ Independe	nt)	2) Report Format:			
Legal Cost	S\$			3) Survey fee:	\$320.00		
Total:	s\$ 1,590.00	Global Sum S\$:					

Email Call

Payee 1:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$

S\$

S\$

Date/Time:

1,590.00

Confirm with:

Name 1:

Name 2:

Name 3:

ADVANCE AUTO GARAGE