15/5/2010

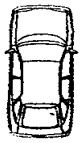
INS. CASE OWNER: Bernard Ler | ~~CC4/AIG21002592/pa3~~ | LKK: IDAC:

ASSIGNMENT CC4/AIG21002592/Kpa3

Surveyor: Kenneth DOI: 25/02/2021 Date / Time : 24.02.2021

Registered in Merimen: 24.02.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 4727T Claim No. : 4159396237SG

Name of Insured : ANDREW DAVID RODGER Policy No. :

Insured Tel No. : HP: Make / Model :

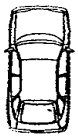
Excess Sec II :S$ D.O.A : 23/02/2021 07:20 Place of Accident : JALAN JURONG KECHIL (EXIT TO PIE)

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

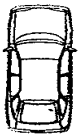
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

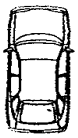
SLP 1675U → → →



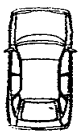
INSRS:
WSP: ALAN'S
Tel : UNITED
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SLP 1675U - X SKZ 4727T - X		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
14/04/2021	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$ 3,200.00 (4 days) Reduction: 16 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/04/2021 Confirm with Kenny Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,424.00	
Loss of Rental (LOR):	S$ 600.00 (6 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$ 2.00	
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: $320.00
Total:	**S$** 4,026.00 **Global Sum S$:** 4,000.00	

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

Payee 1:	S$ 4,000.00	Name 1:	ALAN'S UNITED AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	