15/5/2010

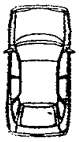
INS. CASE OWNER: CC6/AIG21003495/Aps3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 15/03/2021 Date / Time : 17/03/2021

Registered in Merimen: 17/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 1636R Claim No. :

Name of Insured : Chan Mia Chuan Policy No. :

Insured Tel No. : HP: Make / Model :

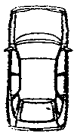
Excess Sec II :S$ D.O.A :10/02/2021 Place of Accident :

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

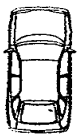
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

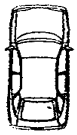
SLD 1946B → → →



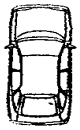
INSRS:
WSP:
Tel : ADVANCE AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLD 1946B : NA/INC21002012/h4 ; DOA : 10/02/2021 SMQ 1636R :
	- Please check / verify OID DL
27/12/2021	Pls refer to VIEWS for details.

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:
Repair Cost: L/sum	S$ 2,700.00 (4 days)	Reduction: 69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/12/2021	Confirm with Xavier	Email ☑ Cal ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2,700.00	S$ 1,350.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU) 400.00	S$ 200.00 ($100 x 4 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LO ☐	[**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: $320.00
Total:	**S$** 1,550.00	**Global Sum S$:** 1,500.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 1,500.00	Name 1:	Advance Auto Garage
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	