15/5/2010

INS. CASE OWNER:

CC6/CTI21005776/Ues3

LKK:

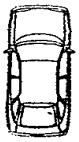
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 12/05/2021 Date / Time : 12/05/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 9286D Claim No. :

Name of Insured : ALLINTON ENGINEERING & TRADING PTE. LTD. Policy No. :

Insured Tel No. : HP: Make / Model :

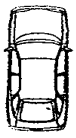
Excess Sec II :S$ D.O.A : 06/05/2021 Place of Accident :

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

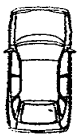
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

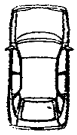
GBC 2114C → → →



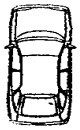
INSRS:
WSP: LIU'S BROTHER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBC 2114C : X
	GBA 9286D : NBA/CTI20013097/Y ; DOA : 26/11/2020

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: CKS

Repair Cost: L/S S$ 2,800.00 (4 days) Reduction: 50 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 23.06.21 Confirm with SUSAN Email [ ] Cal [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,800.00 OID REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 480.00 ($ 80 x 6 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LO [ ] [**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: $400
Total:	**S$** 3,282.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 23.06.21 Confirm with: SUSAN Email [ ] Cal [ ]

Payee 1:	S$ 3,282.00	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	