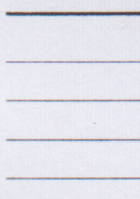
INS. CASE OWNER: ~~CC6/AIG21007583/Ara3~~ | IDAC:

ASSIGNMENT CC6/AIG21007583/Aga3

Surveyor: ADRIAN DOI: 12/07/2021 Date / Time : 12/07/2021

Registered in Merimen: 13/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 1897J Claim No. : 1924987775SG

Name of Insured : Policy No. : 1900150720

Insured Tel No. : HP: Make / Model :

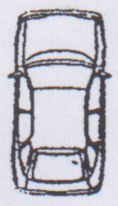
Excess Sec II :S$ D.O.A : 08/07/2021 14:10 Place of Accident : 9 Geylang Bahru, Singapore 330069

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

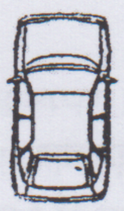
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

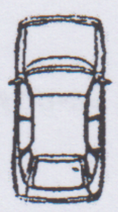
SFB 188K → → →



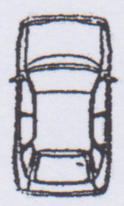
INSRS:
WSP: ADVANCE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SFB 188K SMP 1897J NBA/CTI21007505/Y ; 08.07.2021
	Date : Approved by : By (staff) : Reject Case
7/7/22.	Rejection email to TP. No collision spotted on TP video. No damage found on OIV. by Naz. Mr yew to chop + sign.
	Reject Case By (staff) : Cecilia Approved by : Date Sent By: 08/07/22

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:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 2400.00 (2 days) Reduction: 5426.30 % 69. Email ☐ Call ☐

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

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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: Reject
Legal Cost	S$	3) Survey fee: $320/-
Total:	**S$** **Global Sum S$:**	

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

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	