

INS. CASE OWNER:

ASSIGNMENTSurveyor: **BRYAN**DOI: **19/08/2021**Date / Time : **19/08/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLB 1086T**Claim No. : **S1M03FRH**Name of Insured : **CHAN BAN GUAN SUNNY**Policy No. : **P2447430**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **15/08/2021 17:21**Place of Accident : **RAFFLES CITY CAR PARK B2**

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

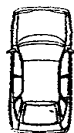
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SKS 8069U**INSRS:
WSP: **Alfred Auto
Services &
Supplies**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKS 8069U - X	SLB 1086T - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
17/11/2021	Pls refer to VIEWS for details.		Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum	S\$ 2,850.00 (6 days) Reduction: 79 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 17/11/2021 Confirm with Alfred		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,850.00			
Loss of Rental (LOR):	S\$ 540.00 (3 days) x \$180			
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☒ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 7.45			
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: \$350.00	
Total:	S\$ 3,897.45	Global Sum S\$: 3,850.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 3,850.00	Name 1: ALFRED AUTO SERVICES & SUPPLIES		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		