15/5/2010

INS. CASE OWNER:

CC6/III21010193/Uea3

LKK:

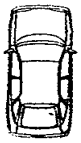
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 04/10/2021 Date / Time : 04/10/2021

Registered in Merimen: 04/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 5775Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

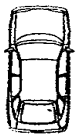
Excess Sec II :S$ D.O.A : 01/10/2021 14:45 Place of Accident : Upper Serangoon Road

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

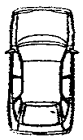
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

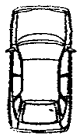
SGQ 4810E → → →



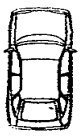
INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SGQ 4810E - X GBH 5775Z - X	**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:	☐
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: CKS
Repair Cost: L/S	S$ 2,000.00 (4 days)	Reduction: 66 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12.07.22	Confirm with JASON	Email ☐ Call ☐
Final Liability: 100	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: $2,000.00	S$ 1,000.00	CONFLICTING VERSION	
Loss of Rental (LOR): $360	S$ 180.00 (3 days)	x $120	
Loss of Use (LOU): -	S$ - ($ x days)		
Loss of Income (LOI): -	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search $7.45	S$ 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
Total: $2,367.45	**S$** 1,187.45	**Global Sum S$:** 1,200.00	

FINAL PAYMENT	Date/Time: 12.07.22	Confirm with: JASON	Email ☐ Call ☐
Payee 1:	S$ 1,200.00	Name 1:	CHOO MOTOR SPRAY PAINTER
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	