15/5/2010

INS. CASE OWNER:

CC4/III21010684/Gga3

LKK:

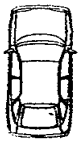
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 21/10/2021 Date / Time : 18/10/2021

Registered in Merimen: 18/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 8694A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

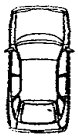
Excess Sec II :S$ D.O.A : 14/10/2021 16:00 Place of Accident : 3 TEMASEK BLVD

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

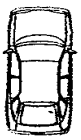
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

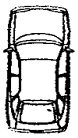
GBK 6894R → → →



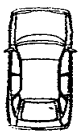
INSRS:
WSP: AUTO
Tel : BULLOX
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBK 6894R - CC4/FWD21009521/Ges3 ; 07/09/2021	**STAGE**	**DATE / PIC**
	NA/INC21003373/h4 ; 13/03/2021	Non-Reporting ltr (1st):	
	SMC 8694A - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	CLAIMANT: AZ AUTO LEASING	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
	TPV: TOYOTA HIACE - 2754cc	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/S	S$ $950.00 (2 days) Reduction: $13,602.07	% 93	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/01/2022 Confirm with ELMA		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 950.00		
Loss of Rental (LOR):	S$ 180.00 (3 days) x $60.00		OI TURNING LEFT AT A DRIVE STRAIGHT LANE AND COLLIDED WITH TP WHO IS DRIVING IN A DRIVE STRAIGHT OR TURN LEFT LANE.
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 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: $500.00
Total:	**S$** 1,137.45	**Global Sum S$:** 1,100.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 1,100.00	Name 1:	AUTO BULLOX PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		