15/5/2010

INS. CASE OWNER: ~~CC4/AIG21010998/Drs3~~

LKK:

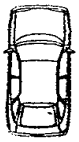
IDAC:

ASSIGNMENT CC4/AIG21010998/Dps3q2

Surveyor: Bryan DOI: 28/10/2021 Date / Time : 27/10/2021

Registered in Merimen: 27/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 4525H Claim No. :

Name of Insured : Lee Poh Jin Lawrence Policy No. :

Insured Tel No. : HP: Make / Model :

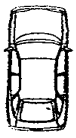
Excess Sec II :S$ D.O.A : 26/10/2021 Place of Accident :

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

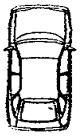
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

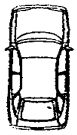
SKK 7877C → → →



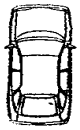
INSRS:
WSP: ALFRED AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKK 7877C : X ; SLX 4525H : 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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 3,815.50 (4 days)	Reduction: 48 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/05/2022	Confirm with Alfred	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,815.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 600.00 ($100 x 6 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
~~GIA/LTA Search~~	S$ 406.60 Xentry Diagnostic Check on Control Unit Reset		
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: $320.00
Total:	**S$** 4,822.10	**Global Sum S$:** 4,800.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 4,800.00	Name 1:	Alfred Auto Services & Supplies
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	