15/5/2010

INS. CASE OWNER: CC6/III21011002/Uga3

LKK:

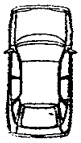
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 27/10/2021 Date / Time : 27/10/2021

Registered in Merimen: 27/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 1235H Claim No. : MCV2021D0004720

Name of Insured : Policy No. : D20MCV0005703_01

Insured Tel No. : HP: Make / Model :

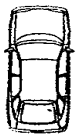
Excess Sec II :S$ D.O.A : 26-10-2021 Place of Accident : GANTRY OF 28 Kallang Pl,

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

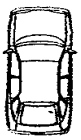
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

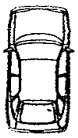
SJR 613T → → →



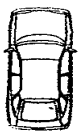
INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJR 613T - NA/FCI12007644/s2 ; 15.04.2021	**STAGE** **DATE / PIC**
	GBE 1235H - CC6/CTI20010363/Upa3q2 ; 26.09.2020	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
	CLAIMANT: A&G CAR SERVICES	After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup)
	TPV:TOYOTA ALTIS (1598cc)	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$ $4,200.00 (4 days) Reduction: $3,914.67 % 48		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/02/2022	Confirm with SHI YING	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,200.00		
Loss of Rental (LOR):	S$ 200.00 (2 days)	x $100.00	OI REVERSED HIT TPV
Loss of Use (LOU):	S$ ($ 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: $350.00
Total:	**S$** 4,407.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,407.45	Name 1:	CHOO MOTOR SPRAY PAINTER
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	