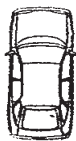


INS. CASE OWNER:

ASSIGNMENT CC6/AIG21011460/Aea3Surveyor: ADRIANDOI: 09/11/2021Date / Time : 09/11/2021Registered in Merimen: 09/11/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLS 3921EClaim No. : 2001144483SG

Name of Insured : _____

Policy No. : 1800105302

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 09.11.2021

Place of Accident : _____

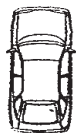
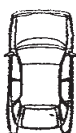
Is driver the owner? (YES / NO) Nature of Accident : _____

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**GBC1879KINSRS:
WSP: RYDER AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>GBC 1879K - X</u>	<u>SLS 3921E - X</u>	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: <u>LWP</u>
Repair Cost: <u>L/S</u>	\$S <u>8,600.00</u>	(<u>8</u> days) Reduction: <u>45</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>31.03.22</u>	Confirm with <u>ZEPH</u>	Email ☐ Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100%</u>
Repair Cost: <u>w/GST</u>	\$S <u>9,202.00</u>	<u>3VEH CC OI LAST</u>	
Loss of Rental (LOR):	\$S <u>-</u>	(<u> </u> days)	
Loss of Use (LOU):	\$S <u>1,000.00</u>	(\$ <u>100</u> x <u>10</u> days)	
Loss of Income (LOI):	\$S <u>-</u>	(\$ <u> </u> x <u> </u> days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S <u>36.45</u>		
Medical:	\$S <u>-</u>		1) Claim status: Normal/ Reject/Private Settle
Disbursement:	\$S <u>-</u>	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	\$S <u>-</u>		3) Survey fee: <u>\$320</u>
Total:	\$S <u>10,238.45</u>	Global Sum \$S: <u>10,230.00</u>	
FINAL PAYMENT	Date/Time: <u>31.03.22</u>	Confirm with: <u>ZEPH</u>	Email ☐ Call ☐
Payee 1:	\$S <u>10,230.00</u>	Name 1: <u>RYDER AUTO PTE LTD</u>	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	