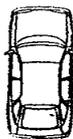**CC6/CTI21011825/Ega3**

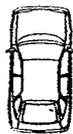LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **STEVE**   DOI: **22/11/2021**   Date / Time : **20/11/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTE
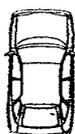
Insured Vehicle No. : **SKS 9790M**	Claim No. : **SNM21D206706**	
Name of Insured : **Ambulance Medical Services Pte Ltd**	Policy No. : **DMCVSNA00003052101**	
Insured Tel No. :	HP:	Make / Model :

Excess Sec II :S$ D.O.A : **16/11/2021 15:20**   Place of Accident : **Approaching the runabout towards lower kent ridge road**

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

If **NO**, Driver Name / Age : **Zulfadhli Bin Zainal Abidin**   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

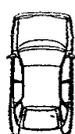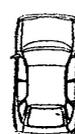Driver Tel No. :   (V/L: YES / NO)   Insured Liability : % **Final ? Yes / No**

SMF 3738A → → →

INSRS: **AUTOMOTIVE REPAIR CENTRE PTE LTD**	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMF 3738A - X		
	SKS 9790M - CS/CTI20006293/Gtf3e2; 10/06/2020	Non-Reporting ltr (1st):	
	CS/CTI20006401/R1tf3e2; 10/06/2020	Non-Reporting ltr (2nd):	
	NS/INC17010936/H1gh3m2 ; 04/06/2017	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:	☐ ☐
	CLAIMANT - LIM EU GENE	LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
	TPV: TPV: HONDA JAZZ - 1318cc	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: **LS**   S$ **700.00**   (**4** days) Reduction: 1460.00 % **68**   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: **04/08/2022**   Confirm with: **SHU JUAN**   Email ✓ Call ☐

Final Liability: % **50** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :	
Repair Cost: **749.00** S$ **374.50** W/GST		
Loss of Rental (LOR): S$ (days)	**CONFLICTING VERSION**	
Loss of Use (LOU): **420.00** S$ **210.00** ($ **60** x **7** days)		
Loss of Income (LOI): S$ ($ x days)		
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search S$		
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: **$400.00**	

Total: S$ **584.50**   **Global Sum S$:** **584.00**   (CTI INSTRUCTION)

FINAL PAYMENT   Date/Time: Confirm with: Email ✓ Call ☐

Payee 1: S$ **584.00**	Name 1: **AUTOMOTIVE REPAIR CENTRE PTE LTD**	
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	