15/5/2010

INS. CASE OWNER: CC6/AIG21011882/Aea3

LKK:

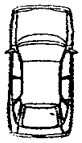
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 19/11/2021 Date / Time : 19/11/2021

Registered in Merimen: 23.11.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMY 9439Z Claim No. : 6005924965SG

Name of Insured : Policy No. : 7210031872

Insured Tel No. : HP: Make / Model :

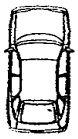
Excess Sec II :S$ D.O.A : 18/11/2021 08:15 Place of Accident :

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

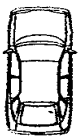
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

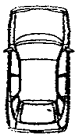
SLF 6451T → → →



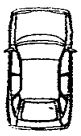
INSRS:
WSP: YSK AUTO WORKSHOP
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLF 6451T - X	**STAGE** **DATE / PIC**
	SMY 9439Z - CS/AIG21011790/Evf3 ; 18/11/2021	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: LWP
Repair Cost: L/S	S$ 2,600.00 (4 days)	Reduction: 40 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22.03.22	Confirm with JANET	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,600.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 360.00 (4 days)	x $90	
Loss of Use (LOU):	S$ - ($ 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$ 80.00	(e.g. Tow/ ~~Independent~~)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	**S$** 3,047.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 22.03.22	Confirm with: JANET	Email ☐ Call ☐
Payee 1:	S$ 3,047.45	Name 1:	YSK AUTO WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	