15/5/2010

INS. CASE OWNER:

CC4/III21011893/Aea3

LKK:

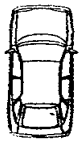
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 23/11/2021 Date / Time : 23/11/2021

Registered in Merimen: 23/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 6131X Claim No. : MFL2021D0005072

Name of Insured : Policy No. : D20MFL0005826_01

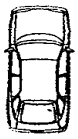
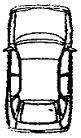
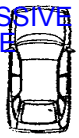
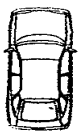
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 20/11/2021 22:38 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**

SMV 6131X →	SMG 6862Z →	SMU 1041K →	
	 		
INSRS:	INSRS: PROGRESSIVE	INSRS:	INSRS:
WSP:	WSP: CAR CARE	WSP:	WSP:
Tel :	Tel : PTE LTD	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time			
	SMG 6862Z - X	SMV 6131X - 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: LWP

Repair Cost: L/S S$ 9,000.00 (11 days) Reduction: 62 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 26.04.22 Confirm with LILY Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: w/GST	S$ 9,630.00	3VEH CC OID LAST
Loss of Rental (LOR):	S$ 1,350.00 (13.5 days) x $100	
Loss of Use (LOU):	S$ - ($ 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: $600
Total:	**S$** 10,987.45 **Global Sum S$:** 10,950.00	

FINAL PAYMENT Date/Time: 26.04.22 Confirm with: LILY Email ☐ Call ☐

Payee 1:	S$ 10,950.00	Name 1:	PROGRESSIVE CAR CARE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	