15/5/2010

INS. CASE OWNER: CC4/LPC21012357/Uea3q2

LKK:

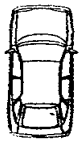
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 07/12/2021 Date / Time : 07/12/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 8022P Claim No. : 21/21/21/VC05/025219

Name of Insured : Policy No. : Z21VC05007419

Insured Tel No. : HP: Make / Model :

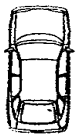
Excess Sec II :S$ D.O.A : 06/12/2021 12:15 Place of Accident :

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

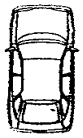
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

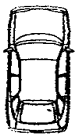
YP 1810S → YN 8022P → GP 1199L →



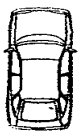
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability : OI
RMKS:



INSRS:
WSP: AUTOLUTION INDUSTRIAL
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GP 1199L - CS3/SMO19010907/R1cd3s2 ; 17/06/2019	Non-Reporting ltr (1st):	
	NA/INC17019780/z4 ; 14/10/2017	Non-Reporting ltr (2nd):	
	YN 8022P - X	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: CKS
Repair Cost: P/P	S$ 6,386.49 (6 days)	Reduction: 44 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08.03.22	Confirm with ELMER	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST	S$ 6,833.54	3VEH CC OID 2ND	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 600.00 ($ 100 x 6 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 2.00		
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: $400
Total:	**S$** 7,435.54	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 08.03.22	Confirm with: ELMER	Email ☐ Call ☐

Payee 1:	S$ 7,435.54	Name 1:	AUTOLUTION INDUSTRIAL PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	