15/5/2010

INS. CASE OWNER:	**CC4/III21012678/Upa3**	LKK: IDAC:

ASSIGNMENT

Surveyor: **Marcus**   DOI: **15/12/2021**   Date / Time : **14/12/2021**

Registered in Merimen: **14/12/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBG 8479P**   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **10/12/2021 20:35** Place of Accident : **ECP TOWARDS MARINE PARADE**

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**

SGX 3775T →

INSRS: INSRS: INSRS: INSRS:
WSP: **PROGRESSIVE**   WSP: WSP: WSP:
Tel : **CAR CARE PTE LTD**   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time	SGX 3775T - X	GBG 8479P - 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:

Repair Cost: **L/sum**   S$ **3,500.00** (**5** days) Reduction: **52** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **15/04/2022** Confirm with **Lily**   Email ✓ Call ☐

Final Liability:	%**100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ **3,745.00**	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ **700.00** ($**100** x **7** days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ **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: **$350.00**
Total:	S$ **4,452.45** **Global Sum S$: 4,450.00**	

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

Payee 1:	S$ **4,450.00**	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:	