15/5/2010

INS. CASE OWNER: CC4/QBE22000592/Dga3q2

LKK:

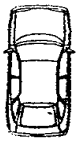
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 18/01/2022 Date / Time : 17/01/2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : EY 1111R Claim No. : VC014970

Name of Insured : SOH LAY CHOO Policy No. : 8-V0010891-MVA-R006

Insured Tel No. : HP: Make / Model :

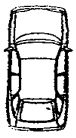
Excess Sec II :S$ D.O.A : 12/01/2022 Place of Accident : ANG MO KIO ST. 13 TWDS ANG MO KIO AVE 1

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

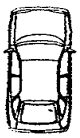
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

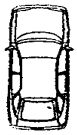
SJR 663Z → → →



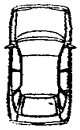
INSRS:
WSP: ALFRED AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJR 663Z : X ; EY 1111R : X	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 :	
	CLAIMANT - CHEAH GEOK TSENG	Medical Bill:	
		PIR:	
	TPV: VW SHARAN - 1984cc	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$ $3,300.00 (4 days)	Reduction: $15,162.00 % 82	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31/05/2022	Confirm with ALFRED	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,300.00		
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 + LO ☐	[**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: $400.00
Total:	**S$** 3,907.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐

Payee 1:	S$ 3,907.45	Name 1:	ALFRED AUTO SERVICES & SUPPLIES
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	