

15/5/2010

INS. CASE OWNER:

~~CC6/AIG22001455/Ars3~~

LKK:

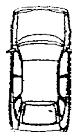
IDAC:

ASSIGNMENT

CC6/AIG22001455/Apa3

Surveyor: AdrianDOI: 11/02/2022Date / Time : 15/02/2022Registered in Merimen: 15/02/2022

Pre-assign / CCU / FTE



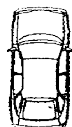
Insured Vehicle No. : SMT 357L
 Name of Insured : NERISSA TAY HUI LING
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$S\$ _____ D.O.A : 26/01/2022

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

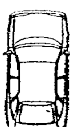
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

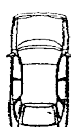
Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : % **Final ? Yes / No**SLP 357U

INSRS:
WSP:
Tel : 1ST AUTOWORKS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLP 357U : X ; SMT 357L : 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
			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: P/P	\$S\$ 2,784.10	(3 days) Reduction: 76 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 06/09/2022	Confirm with Ronnie	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\$ 2,978.99			
Loss of Rental (LOR):	\$S\$ (_____ days)			
Loss of Use (LOU):	\$S\$ 180.00 (\$ 60 x 3 days)			
Loss of Income (LOI):	\$S\$ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]				
GIA/LTA Search	\$S\$			
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: \$320.00		
Total:	\$S\$ 3,158.99	Global Sum \$S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	\$S\$ 3,158.99	Name 1:	1st Autoworks Pte Ltd	
Payee 2: (Strike if N.A.)	\$S\$	Name 2:		
Payee 3: (Strike if N.A.)	\$S\$	Name 3:		