15/5/2010

INS. CASE OWNER: CC4/LPC22001467/Apa3q2

LKK:

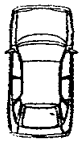
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 16/02/2022 Date / Time : 15/02/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 7803M Claim No. : 21/22/22/VC05/025464

Name of Insured : ANGRY PETS Policy No. :

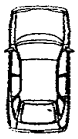
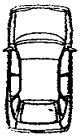
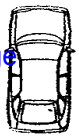
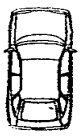
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 14/02/2022 14:35 Place of Accident : ALONG PUNGGOL WAY TWDS PUNGGOL FIELD

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

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

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

GBH 7803M →	GBC 3381R →	GBJ 3604L →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: Advance Auto Garage	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	GBC 3381R - NA/AIG22001459/r3 ; 14/02/2022	Non-Reporting ltr (1st):	
	NA/TMI22001438/r3 ; 14/02/2022	Non-Reporting ltr (2nd):	
	GBH 7803M - CV/ABS20010748/R1Cc ; 19/10/2020	Non-Reporting ltr (Final):	
	NA/TMI22001438/r3 ; 14/02/2022	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$ 9,200.00 (10 days) Reduction: 55 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/10/2022 Confirm with Xavier Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100	
Repair Cost:	S$ 9,200.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$1,200.00 ($100 x 12 days)		
Loss of Income (LOI):	S$ ($ 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:	$400.00
Total:	**S$** 10,407.45 **Global Sum S$:**		

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

Payee 1:	S$ 10,407.45	Name 1:	Advance Auto Garage
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	