

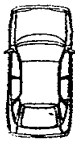
INS. CASE OWNER:

CC6/CTI22001591/Eya3q2

IDAC:

ASSIGNMENTSurveyor: SteveDOI: 18/02/2022Date / Time : 18/02/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : PC 3279M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 08/02/2022 08:25Place of Accident : ALONG TPE TOWARD KPE

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

If NO, Driver Name / Age : _____

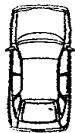
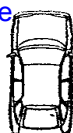
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

PC 3279MSMN 8928TSMY 8960RGBJ 2571DINSRS:
WSP:
Tel :
Liability :
RMKS:OIINSRS: Automotive
WSP: Repair
Tel : Centre
Liability : Pte Ltd
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SMN 8928T - NBA/CTI22001206/T ; 08.02.2021</u>	Non-Reporting ltr (1st):	
	<u>PC 3279M - CC4/AXA15015150/Kya3q2; 29/08/2015</u>	Non-Reporting ltr (2nd):	
	<u>NBA/CTI22001206/T; 08/02/2022</u>	Non-Reporting ltr (Final):	
	<u>NBA/INC16013023/Y; 08/07/2016</u>	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: _____		
Repair Cost: <u>L/Sum</u>	S\$ <u>45,750.00</u> (<u>20</u> days) Reduction: <u>52</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>24.02.2023</u> Confirm with <u>Shu Juan</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28 (Ass.100%)</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>48,952.50</u>		
Loss of Rental (LOR):	S\$ <u>9,630.00</u> (<u>90</u> days) @ \$100 with GST		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ <u>311.46</u>		
Disbursement:	S\$ <u>50.00</u> (e.g. Tow/ <u>Independent</u>)	1) Claim status: Normal/ Reject/Private Settlement	
Legal Cost	S\$	2) Report Format: <u>TP</u>	
		3) Survey fee: <u>\$400</u>	
Total:	S\$ <u>58,951.41</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>58,951.41</u> Name 1: <u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		