15/5/2010

INS. CASE OWNER:

CC6/AIG22002502/Aga3

LKK:

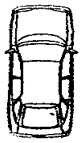
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 16.03.2022 Date / Time : 16.03.2022

Registered in Merimen: 16.03.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 9377M Claim No. :

Name of Insured : Policy No. :

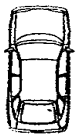
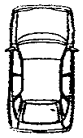
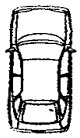
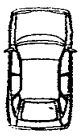
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 16.03.2022 09:50 Place of Accident : PIE TWDS CHANGI B4 STEVEN RD EXIT 19

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**

SJL 3941H →	SLN 9377M →	SLN 8323A →	SNB 7887K
	 		
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: HD PERFECT	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time			
	SLN 8323A - X	**STAGE**	**DATE / PIC**
	SLN 9377M - NA/AIG22002489/r3 ; 16.03.2022	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 - ANG GUAN SENG	Medical Bill:	
		PIR:	
	TPV: HYUNDAI ELANTRA - 1591cc	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$ 8600.00 (10 days) Reduction: 23783.44	% 73	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/08/2022	Confirm with IRENE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 8,600.00		
Loss of Rental (LOR):	S$ (days)		C.C (OI 3RD)
Loss of Use (LOU):	S$ 650.00 ($ 50 x 13 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**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: $320.00
Total:	**S$** 9,250.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 9,250.00	Name 1:	HD PERFECT AUTOWORK PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		