

INS. CASE OWNER:

CC6/AIG22002552/Apa3

IDAC:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **17/3/2022**Date / Time : **17/3/2022**Registered in Merimen: **19/3/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMQ 7141L**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **15.3.22 18:10**Place of Accident : **Lor 6 Toa Payoh, Singapore**

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****GBA 7288L**INSRS:
WSP: **YSK AUTO
WORKSHOP**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBA 7288L - NA/CTI19002193/z4 ; 01.02.2019		
	NA/CTI19002193/z4 - 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 :	☐
		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 3,400.00 (4 days) Reduction: 54 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 02/03/2023 Confirm with Janet	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 3,400.00		
Loss of Rental (LOR):	\$S 300.00 (_____ days)		
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 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: \$320.00	
Total:	\$S 3,707.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$S 3,707.45 Name 1: YSK AUTO WORKSHOP		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		