15/5/2010

INS. CASE OWNER:

CC6/CTI22002622/Rea3

LKK:

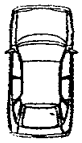
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 22/03/2022 Date / Time : 22/03/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SDZ 9881E Claim No. : SNM22D201917/C02/SDZ9881E/LEEPG

Name of Insured : Policy No. : DMPCSNW00132332100

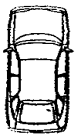
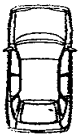
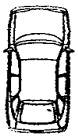
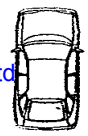
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 19/03/2022 12:40 Place of Accident : CTE BEOFRE AMK AVE 1 EXIT

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**

SCV 8232X →	SDZ 9881E →	SMJ 2510A →	
 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS: OI	 INSRS: WSP: Automotive Repair Centre Pte Ltd Tel : Liability : RMKS: TP	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SMJ 2510A - X SDZ 9881E - 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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MRB
Repair Cost: L/S	S$ 4,000.00 (6 days) Reduction: 74 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12.07.22	Confirm with SHUJUAN	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$ 4,280.00	3VEH CC OI 2ND	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 2.00		
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: $400
Total:	**S$** 4,762.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 12.07.22	Confirm with: SHUJUAN	Email ☐ Call ☐
Payee 1:	S$ 4,762.00	Name 1: AUTOMOTIVE REPAIR CENTRE PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	