

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

BRYAN

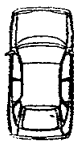
DOI:

31/03/2022

Date / Time :

30.03.2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SGU 1619R**Claim No. : **S2M03X40**Name of Insured : **BRANDON SEET QUAN HONG**Policy No. : **GA578546**

Insured Tel No. : _____ HP: _____

Make / Model : **Suzuki Swift****Excess Sec II :S\$**D.O.A : **28/03/2022 14:45**Place of Accident : **ENG NEO AVE**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If **NO**, Driver Name / Age : **BRYAN SEET QUAN ZHI**

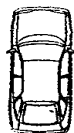
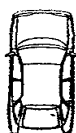
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**GBB 7102J**INSRS:
WSP: **ALFRED AUTO
SERVICES
& SUPPLIES**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBB 7102J - X	SGU 1619R - X	STAGE	DATE / PIC
			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: ABT	
Repair Cost:	L/S S\$ 16,000.00	(12 days) Reduction:	68 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22.09.22	Confirm with ALFRED	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 16,000.00	OI CHANGED LANE HIT TP		
Loss of Rental (LOR):	S\$ -	(- days)		
Loss of Use (LOU):	S\$ 1,920.00	(\$ 120 x 16 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/Printed/Settle		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$350		
Total:	S\$ 17,927.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 22.09.22	Confirm with: ALFRED	Email ☐	Call ☐
Payee 1:	S\$ 17,927.45	Name 1:	ALFRED AUTO SERVICES & SUPPLIES	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		