15/5/2010

INS. CASE OWNER:

CC6/CTI22002972/Apa3

LKK:

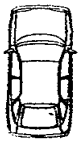
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 29/03/2022 Date / Time : 29/03/2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 9791A Claim No. : SNM22D202156/C02/ GBH9791A/TANKW

Name of Insured : Policy No. : DMCVSNW00135492101

Insured Tel No. : HP: Make / Model :

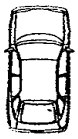
Excess Sec II :S$ D.O.A : 28/3/2022 13:45 Place of Accident :

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

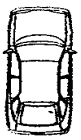
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

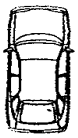
SLP 9675S → → →



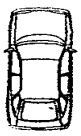
INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLP 9675S - X	GBH 9791A - 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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ / ☐
			Others:	☐ / ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 16,200.00 (17 days) Reduction: 48 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/07/2022	Confirm with Jing Yee	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 16,200.00		
Loss of Rental (LOR):	S$ 1,700.00 (17 days)	x $100	
Loss of Use (LOU):	S$ ($ 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: $400.00
Total:	**S$** 17,907.45	**Global Sum S$:** 17,900.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 17,900.00	Name 1:	Hua Meng Spray Painting Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	