15/5/2010

INS. CASE OWNER: CC6/AIG22003037/Dpa3

LKK:

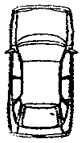
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 01/04/2022 Date / Time : 01/04/2022

Registered in Merimen: 01/04/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 6587T Claim No. : 5183865178SG

Name of Insured : Policy No. : 7220029022

Insured Tel No. : HP: Make / Model :

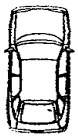
Excess Sec II :S$ D.O.A : 30.03.2022 16:20 Place of Accident :

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

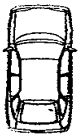
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

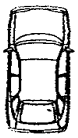
SJW 4477S → → →



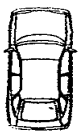
INSRS:
WSP: ALFRED AUTO SERVICES & SUPPLIES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJW 4477S - CC4/III19021003/Dpa3q2 ; 22/11/2019	**STAGE** **DATE / PIC**
	CC6/AIG19006432/Udb3q2 ; 06/04/2019	Non-Reporting ltr (1st):
	CS/MSG20004288/Dyd3e2; 18/03/2020	Non-Reporting ltr (2nd):
	NA/INC18023135/z4; 24/12/2018	Non-Reporting ltr (Final):
	GBH 6587T - X	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$ 5,550.00 (5 days) Reduction: 74 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/06/2022 Confirm with Alfred		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,550.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 360.00 ($ 60 x 6 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: $320.00
Total:	**S$** 5,917.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,917.45	Name 1: Alfred Auto Services & Supplies	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	