15/5/2010

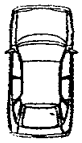
INS. CASE OWNER: OH Vale | CC4/ASM22003175/Apa3 | LKK: IDAC: 256503

ASSIGNMENT

Surveyor: ADRIAN DOI: 06/04/2022 Date / Time : 06/04/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7689G Claim No. : S2M03XPH

Name of Insured : Policy No. : P2465703

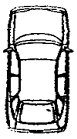
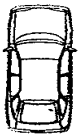
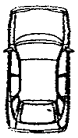
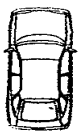
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 04/04/2022 10:40 Place of Accident : BRADELL ROAD TWDS LORNIE

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**

SHC 7689G →	GBH 1530P →	GX 757R →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: HD Perfect	WSP:	WSP:
Tel :	Tel : Autowork	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	GBH 1530P - X	Non-Reporting ltr (1st):	
	SHC 7689G - CC4/FCI20009040/R1ds3q2 ; 23.08.2020	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$ 6,000.00 (7 days) Reduction: 82 % Email ☑ Call ☐

FINAL SETTLEMENT Date/Time:27/02/2023 Confirm with Irene Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ 6,000.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 720.00 ($ 90 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$ 38.45	
Medical:	S$	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ 60.00 (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 6,818.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 6,818.45	Name 1:	HD PERFECT AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	