15/5/2010

INS. CASE OWNER: CC6/CTI22003837/Epa3q2

LKK:

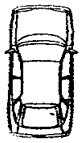
IDAC:

ASSIGNMENT

Surveyor: Steve DOI: 04/05/2022 Date / Time : 25/04/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 181A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

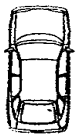
Excess Sec II :S$ D.O.A : 24/04/2022 11:45 Place of Accident : 255 PANDAN LOOP (128433) TAI SUN FOOD INDUSTRIES PTE LTD

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

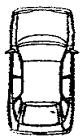
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

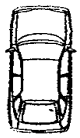
SJL 3246G → → →



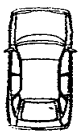
INSRS:
WSP: Automotive Repair Centre Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJL 3246G - CC6/AIG10019724/Dn1f2k2; 28/09/2010	**STAGE** **DATE / PIC**
	CS/TP10002491/Rcn; 22/01/2010	Non-Reporting ltr (1st):
	NA/AIG16003126/r3; 17/02/2016	Non-Reporting ltr (2nd):
	NA/AIG20003476/z4; 01/03/2020	Non-Reporting ltr (Final):
	GBG 181A - 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$ 950.00 (2 days) Reduction: 67 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/06/2022	Confirm with Shu Juan	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,016.50		
Loss of Rental (LOR):	S$ 214.00 (2 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$		
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: $400.00
Total:	**S$** 1,230.50	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,230.50	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:	