15/5/2010

INS. CASE OWNER:

CC4/LPC22004173/Apa3q2

LKK:

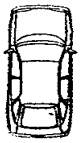
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 4/5/22

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YM 9627T Claim No. : _____

Name of Insured : _____ Policy No. : Z21VC05008632

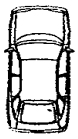
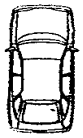
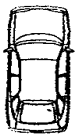
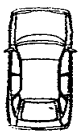
Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 30/04/2022 12:10 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**

SFU 8877C →	YM 9627T →	SJC 3759R →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJC 3759R - NA/CTI22004114/m4 ; 30.4.22	Non-Reporting ltr (1st):	
	YM 9627T - CC3/FCI13014307/Kgu2; 05/06/2013	Non-Reporting ltr (2nd):	
	NA/CTI22002619/m4 ; 21/03/2022	Non-Reporting ltr (Final):	
	NA/CTI22004114/m4 ; 30/04/2022	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$ 4,000.00 (6 days) Reduction: 51 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06/12/2022 Confirm with AUDREY Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	0
Repair Cost:	S$ 4,000.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 480.00 ($ 80 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$		
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:	$400.00
Total:	**S$** 4,480.00 **Global Sum S$:**		

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

Payee 1:	S$ 4,480.00	Name 1:	QMO ENGINEERING
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	