15/5/2010

INS. CASE OWNER: ANG Yvonne | CC4/ASM22004734/Apa3 | LKK: IDAC: 261416

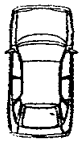
ASSIGNMENT

Surveyor: ADRIAN DOI: 20/05/2022 Date / Time : 19/05/2022

Registered in Merimen: ——

VIRTUAL CASE

Pre-assign / CCU / FTE



Insured Vehicle No. : YM 11D Claim No. : S2M04187

Name of Insured : ATSUSHI PTE. LTD. Policy No. : GA459337

Insured Tel No. : HP: Make / Model : MITSUBISHI CANTER

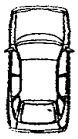
Excess Sec II :S$ D.O.A : 17/05/2022 11:50 Place of Accident : AYE NEAR EXIT 3 (TO CHANGI FROM JURONG)

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

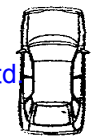
If **NO**, Driver Name / Age : TAMADA ATSUSHI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

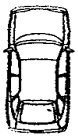
SLQ 7200L → ——— → ——— → ———



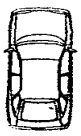
INSRS:
WSP: HD Perfect
Tel : Autowork Pte. Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLQ 7200L - X	**STAGE** **DATE / PIC**
	YM 11D - NA/AIG13018640/m2 ; 05/10/2013	Non-Reporting ltr (1st):
	NA/MGA08012228/Aw1; 15/04/2008	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$ 8,000.00 (6 days)	Reduction: 45 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/11/2022	Confirm with Irene	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,000.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 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: $350.00
Total:	**S$** 8,427.45	**Global Sum S$:** 8,400.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 8,400.00	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:	