15/5/2010

INS. CASE OWNER: CC6/AIG22005729/Dpa3q2

LKK:

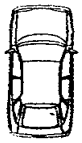
IDAC:

ASSIGNMENT

Surveyor: ABT DOI: 08/06/2022 Date / Time : 08/06/2022

Registered in Merimen: 16/06/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 9872J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

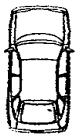
Excess Sec II :S$ D.O.A : 06/06/2022 19:00 Place of Accident : Tampines Ave 10, Singapore

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

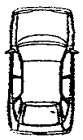
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

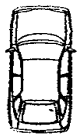
SMT 4265S →



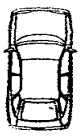
INSRS:
WSP: ALFRED AUTO SERVICES & SUPPLIES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMT 4265S - X	
SLQ 9872J -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS3/AIG21006188/Bvf3n2 16/06/2021 SJP 7100X SLQ 9872J 23/05/2021 16/06/2021 LST1
	CS3/AIG21006188/Bvf3n2-1 05/01/2022 SJP 7100X SLQ 9872J 23/05/2021 05/01/2022 LST1

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
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$ 4,650.00 (5 days)	Reduction: 64 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/08/2022	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$ 4,650.00		
Loss of Rental (LOR) w/GST	S$ 642.00 (6 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$ 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: $320.00
Total:	**S$** 5,299.45	**Global Sum S$:** 5,250.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐

Payee 1:	S$ 5,250.00	Name 1:	Alfred Auto Services & Supplies
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	