15/5/2010

INS. CASE OWNER: CC6/AIG22006190/Apa3

LKK:

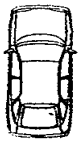
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 27/06//2022 Date / Time : 27/06/2022

Registered in Merimen: 29/06/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 2380D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

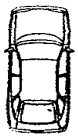
Excess Sec II :S$ D.O.A : 25/06/2022 10:45 Place of Accident :

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

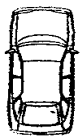
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

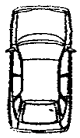
SBQ 333B → → →



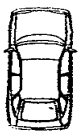
INSRS:
WSP: YSK AUTO WORKSHOP
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SBQ 333B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NM/AIG22006091/Ar3 27/06/2022 FONG YOKE CHIN SBQ 333B GBG 2380D 25/06/2022 RBW
GBG 2380D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NM/AIG22006091/Ar3 27/06/2022 FONG YOKE CHIN SBQ 333B GBG 2380D 25/06/2022 RBW

Status:	Date:	
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$ 4,300.00 (4 days)	Reduction: 63 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/11/2022	Confirm with JANET	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,300.00		
Loss of Rental (LOR):	S$ 400.00 (4 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: $320.00
Total:	**S$** 4,707.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,707.45	Name 1:	YSK Auto Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	