15/5/2010

INS. CASE OWNER: CC6/III22006532/Apa3q2

LKK:

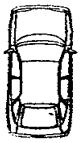
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 08/07/2022 Date / Time : 08/07/2022

Registered in Merimen: 08/07/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 5394L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

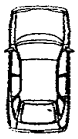
Excess Sec II :S$ D.O.A : 07.07.2022 18:30 Place of Accident :

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

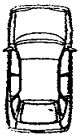
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

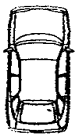
SLW 9366Y → → →



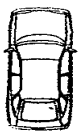
INSRS:
WSP: HD Perfect Autowork Pte. Ltd.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLW 9366Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CS/AGI20009543/Aqf3q2 19/10/2020 SLW 9366Y SGZ 1937X 05/09/2020 19/10/2020 LST1

SMQ 5394L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC6/CTI20011738/Ags3q2 13/07/2021 SMP 7466E SMQ 5394L 23/10/2020 20/07/2021 LST1
NA/TMI20011637/z4 26/10/2020 RITA DEVI D/O GOPALAKRISHNAN SMP 7466E SMQ 5394L 23/10/2020 09/11/2020 HZT

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$ 5,500.00 (6 days) Reduction: 63 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/12/2022 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$ 5,500.00

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 300.00 ($ 60 x 5 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: $500

Total: **S$** 5,807.45 **Global Sum S$:**

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

Payee 1:	S$ 5,807.45	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:	