15/5/2010

INS. CASE OWNER:

CC6/III22008335/Apa3q2

LKK:

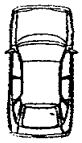
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 31/08/2022 Date / Time : 29/08/2022

Registered in Merimen: 29/08/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 2960Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

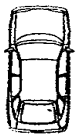
Excess Sec II :S$ D.O.A : 27/08/2022 19:20 Place of Accident : SLE TOWARDS BKE BEFORE LENTOR EXIT

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

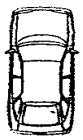
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

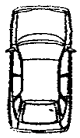
SLP 5819X → → →



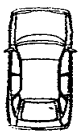
INSRS:
WSP: ADVANCE AUTO GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLP 5819X - X	
SLS 2960Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC6/III22005499/Uga3q2 17/08/2022 SLM 4644E SLS 2960Z 05/06/2022 17/08/2022 HMK	
CS/III22005392/Uvy3n2 17/06/2022 SLS 2960Z 05/06/2022 17/06/2022 NMY	

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$ 8,000.00 (7 days) Reduction: 53 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/02/2023 Confirm with Xavier Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28h	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,000.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 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: $600
Total:	**S$** 8,480.00 **Global Sum S$:**	

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

Payee 1:	S$ 8,480.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	