15/5/2010

INS. CASE OWNER:

CC6/CTI22008949/Aya3q2

LKK:

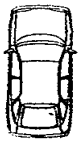
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 08.09.2022 Date / Time : 08.09.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 8874R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

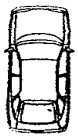
Excess Sec II :S$ D.O.A : 06.09.2022 11:30AM Place of Accident :

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

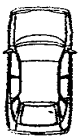
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

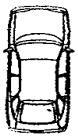
SMP 5849Y →



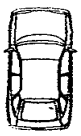
INSRS:
WSP: ADVANCE AUTO GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMP 5849Y - X	
SLP 8874R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CS3/GRB21003643/Qvf3e2 31/03/2021 SJN 5049K SLP 8874R 17/03/2021 01/04/2021 NVT	
CS3/GRB21003643/Qvf3e2-1 29/04/2021 SJN 5049K SLP 8874R 17/03/2021 29/04/2021 LST1	

STAGE	DATE / PIC
Non-Reporting Ltr (1st):	
Non-Reporting Ltr (2nd):	
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$ 8,700.00 (6 days) Reduction: 48 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/05/2023 Confirm with Xavier Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,700.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 800.00 ($ 100 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: $400
Total:	**S$** 9,500.00 **Global Sum S$:**	

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

Payee 1:	S$ 9,500.00	Name 1:	ADVANCE AUTO GARAGE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	