15/5/2010

INS. CASE OWNER:

CC4/III22009951/Dya3q2

LKK:

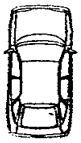
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 11/10/2022 Date / Time : 10.10.2022

Registered in Merimen: 10.10.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SNA 5355Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

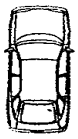
Excess Sec II :S$ D.O.A : 21/09/2022 Place of Accident :

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

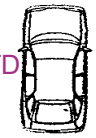
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

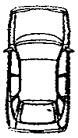
SLT 5335D → → →



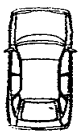
INSRS:
WSP: C. S. ONG AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLT 5335D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
	CS/SMO19003274/Bsd3s2 02/10/2019 SLT 5335D PC 3171P 20/02/2019 03/10/2019 NVT	Non-Reporting ltr (1st):	
SNA 5355Y - X		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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/Sum	S$ 3,850.00 (5 days) Reduction: 85 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/07/2023	Confirm with CS Ong	Email ☑ Call ☐
Final Liability:	% 95 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: with GST	S$ 3,950.01 ($4,158.00)		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 399.00 ($ 60 x 7 days) ($420.00)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 31.00		
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: $600
Total:	**S$** 4,380.01	**Global Sum S$:** 4,200.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,200.00	Name 1: C. S. ONG AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	