15/5/2010

INS. CASE OWNER: CC6/AIG22010203/Aya3q2

LKK:

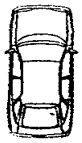
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 10/10/2022 Date / Time : 10/10/2022

Registered in Merimen: 14/10/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 7802K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

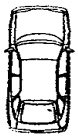
Excess Sec II :S$ D.O.A : 07/10/2022 18:10 Place of Accident : Woodlands Ave 7, Singapore

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

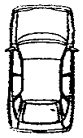
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

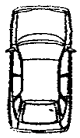
SGG 4115G → → →



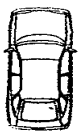
INSRS:
WSP: HD Perfect Autowork
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SGG 4115G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**STATUS / DATE / PIC**
CC3/AIG08025520/CFn 05/11/2008 SHA 4187T SGG 4115G 12/09/2008 06/11/2008 TFC		Non-Reporting ltr (1st):
SMH 7802K - 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$ 9,850.00 (9 days) Reduction: 60 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/03/2023	Confirm with Irene	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 11c	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 9,850.00		
Loss of Rental (LOR):	S$ 1,000.00 (10 days) @$100		
Loss of Use (LOU):	S$ ($ 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: $320
Total:	**S$** 10,857.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 10,857.45	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:	