15/5/2010

INS. CASE OWNER:

CC6/AIG22011892/Dya3q2

LKK:

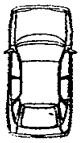
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 28/11/2022 Date / Time : 25.11.2022

Registered in Merimen: 27.11.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMW 9125P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

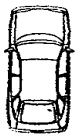
Excess Sec II :S$ D.O.A : 13/11/2022 21:45 Place of Accident :

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

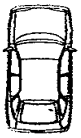
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

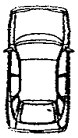
SGM 9174X → → →



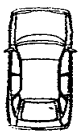
INSRS:
WSP: Alfred Auto Services & Supplies
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SGM 9174X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CS/EQI22009406/Uqy3e2 20/10/2022 SMJ 9007R SGM 9174X 21/09/2022 20/10/2022 NMY	
SMW 9125P - X	

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$ 1,800.00 (3 days)	Reduction: 69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/04/2023	Confirm with Alfred	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	S$1,800.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 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: $320
Total:	**S$**1,980.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,980.00	Name 1:	ALFRED AUTO SERVICES & SUPPLIES
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	