15/5/2010

INS. CASE OWNER:

CC6/CTI22011914/Gya3q2

LKK:

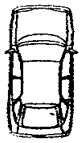
IDAC:

ASSIGNMENT

Surveyor: Steve DOI: 28/11/2022 Date / Time : 28/11/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 3800T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

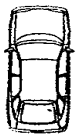
Excess Sec II :S$ D.O.A : 25/11/2022 17:20 Place of Accident : CTE Towards City (Lane 1 at Braddell ERP)

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

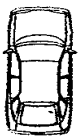
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

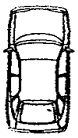
SJN 5149E → → →



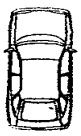
INSRS:
WSP: AUTOMOTIVE REPAIR CENTRE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJN 5149E - X SMC 3800T - 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:	☐
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/Sum	S$ 3,600.00 (5 days) Reduction: 63 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24/05/2023	Confirm with Shu Juan	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28 (Ass.100%)	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S$ 3,888.00		
Loss of Rental (LOR):	S$ 800.00 (8 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$ 2.00		
Medical:	S$ 138.70		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $400
Total:	**S$** 4,828.70	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,828.70	Name 1:	AUTOMOTIVE REPAIR CENTRE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	