

INS. CASE OWNER:

ASSIGNMENTSurveyor: **KENNETH**DOI: **15/12/2022**Date / Time : **15/12/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBE 5568X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

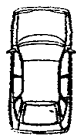
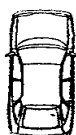
Excess Sec II :S\$ _____ D.O.A : **11.12.2022 16:00**Place of Accident : **AMK AVE 5**

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****SDY 3663M**INSRS:
WSP: **ALAN'S**
Tel : **UNITED**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SDY 3663M - X			
GBE 5568X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CC4/AXA17016773/Azb3q2 28/11/2017 GBE 5568X SKK 1000E 23/08/2017	Non Reporting (Final)	29/11/2017 LSP
NA/EQ117016405/h4 24/08/2017 LIM HO ANN GBE 5568X SKK 1000E 23/08/2017		Non Reporting (Final)	2017-08/09/2017 LSH
		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: P/P S\$ 3,417.92 (3 days) Reduction: 41 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 27/04/2023 Confirm with Kenny		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: 7%GST S\$ 3,657.17			
Loss of Rental (LOR): S\$ 400.00 (4 days) X \$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\$		1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$400.00	
Total: S\$ 4,059.17 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 4,059.17 Name 1: ALAN'S UNITED AUTO PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			