15/5/2010

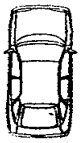
INS. CASE OWNER: ANG Yvonne | CC4/ASM22012708/Kpa3 | LKK: IDAC: 296919

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 19/12/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 7125G | Claim No. : S2M04GNJ

Name of Insured : TOH KOH HIONG | Policy No. : GA561733

Insured Tel No. : _____ HP: _____ | Make / Model : Toyota Sienta

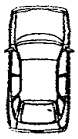
Excess Sec II :S$ _____ D.O.A : 15/12/2022 21:50 | Place of Accident : CTE

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

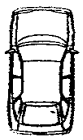
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

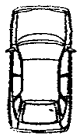
SLM 6017C → _____ → _____ → _____



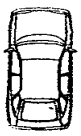
INSRS:
WSP: CARIS AUTOWORKS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLM 6017C - X SMH 7125G - 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$ 2,850.00 (4 days) Reduction: 47 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06/07/2023 Confirm with Sherri Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,850.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 400.00 ($100 x 4 days)	
Loss of Income (LOI):	S$ ($ 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: $350.00
Total:	**S$** 3,257.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,257.45	Name 1:	Caris Autoworks Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	