15/5/2010

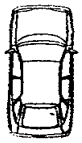
INS. CASE OWNER: OH Vale | CC4/ASM23000590/Apa3 | LKK: IDAC: 300025

ASSIGNMENT

Surveyor: ADRIAN DOI: 13.01.2023 Date / Time : 13.01.2023

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SFB 49D Claim No. : S2M04H4Z

Name of Insured : BUILDFORMS CONSTRUCTION PTE LTD Policy No. : GA618821

Insured Tel No. : HP: Make / Model : Toyota Corolla

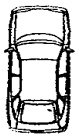
Excess Sec II :S$ D.O.A : 24/12/2022 16:30 Place of Accident : SPRINGLEAF LANE

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

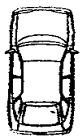
If **NO**, Driver Name / Age : LOO YANHENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

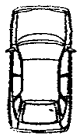
GBK 2123J → → →



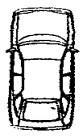
INSRS:
WSP: AUTO UNITED SG PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBK 2123J - X SFB 49D - X	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$ 1,250.00 (4 days) Reduction: 73 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/06/2023 Confirm with Apple		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,250.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 240.00 ($ 60 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$ 57.75		
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: $350.00
Total:	**S$** 1,547.75 **Global Sum S$:**		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,547.75	Name 1:	AUTO UNITED SG PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	