15/5/2010

INS. CASE OWNER:

CC6/AIG23001817/Dya3q2

LKK:

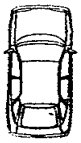
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 20/02/2023 Date / Time : 18.02.2023

Registered in Merimen: 18.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 9712T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

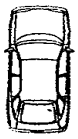
Excess Sec II :S$ D.O.A : 18/02/2023 16:39 Place of Accident : TPE TOWARDS SLE AFTER PUNGGOL EXIT

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

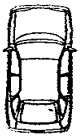
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

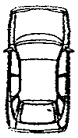
SKE 3302C →



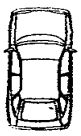
INSRS:
WSP: Alfred Auto Services & Supplies
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SKE 3302C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/AIG18015707/Dua3q2 08/10/2018 SKE 3302C GBC 4158M 25/08/2018 09/10/2018 HMK	Non-Reporting ltr (1st):	
SKW 9712T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/AIG17010226/h4 26/05/2017 TEO THIAM TIAN EDDIE SKW 9712T FBB 5811J 25/05/2017 31/05/2017 LSH	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$ 7,600.00 (6 days) Reduction: 65 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17/04/2023 Confirm with Alfred Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : BOLA 28 (Ass.0%)	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7,600.00	
Loss of Rental (LOR):	S$ 780.00 (6 days) @$130	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑	LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$	
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: $320
Total:	**S$** 8,380.00 **Global Sum S$:**	

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

Payee 1:	S$ 8,380.00	Name 1:	ALFRED AUTO SERVICES & SUPPLIES
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	