15/5/2010

LKK:

INS. CASE OWNER: **CD/CTI24090349/Kma3**   IDAC:
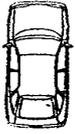
ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE
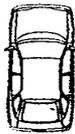
Insured Vehicle No. : **SMH 3399J**	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : _____	Place of Accident : _____

Is driver the owner?   (YES / NO)   Nature of Accident : _____
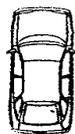
If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		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\$ **8,850.00**   (**9** days) Reduction: **54** %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: **19/05/2025**   Confirm with **PANG**   Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **15**	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ **8,850.00**	
Loss of Rental (LOR):	S\$ **900.00** (**9** days) **X \$100.00**	
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\$ **27.25**	
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\$ **9,777.25** **Global Sum S\$:** **9,700.00**	

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

Payee 1:	S\$ **9,700.00**	Name 1: **GUAN MOTOR WORKS**
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: