15/5/2010

			LKK:
INS. CASE OWNER:		**CD/III24090419/Upa3**	IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: **25/09/2024**   Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **YN118A**	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A : **20/09/2024**	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**

SMW2704P → → →

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: **P/P**	S$ **6,660.90** (**4** days) Reduction: **73** %		Email ☐ Call ☐	

FINAL SETTLEMENT Date/Time: **14/01/2025** Confirm with: **ANIKKA** Email ✓ Call ☐

		If NO or B 28, Ass. Lia :
Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **22**	
Repair Cost: **9%GST**	S$ **7,260.38**	
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$ **2.18**	
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: **$650.00**
Total:	S$ **7,502.56** Global Sum S$:	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ **7,502.56**	Name 1: **Eurokars Services Pte Ltd**	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	