

INS. CASE OWNER:

CD/LPC24110031/Kpa3(N)

IDAC:

**ASSIGNMENT**

Surveyor:

**KENNETH**DOI: **05/11/2024**

Date / Time :

Registered in Merimen:

**Pre-assign / CCU / FTE**Insured Vehicle No. : **XD 6285A**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **02/11/2024**

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****SLE 2974H**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
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:                                                   |                          |
|                                                                                |                              |                                                                             | <b>Documentation Check List:</b>                                        | <b>Handler</b>           |
|                                                                                |                              |                                                                             |                                                                         | <b>Typist</b>            |
|                                                                                |                              |                                                                             | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | After call ltr to OI:                                                   | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Authorisation To Act:                                                   | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Release Voucher:                                                        | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Final Repair Bill:                                                      | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Car Rental Invoice:                                                     | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Towing Invoice                                                          | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | LTA / GIA :                                                             | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Medical Bill:                                                           | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | PIR:                                                                    | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Mandate/Reject Instruction:                                             | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | LOD                                                                     | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Payment Breakdown Form:                                                 | <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                   | Sent By:                                                                    | Post-Repair Photos:                                                     | <input type="checkbox"/> |
|                                                                                |                              |                                                                             | Others:                                                                 | <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                            | Date/Time:                   | Confirm with:                                                               | Confirm by:                                                             |                          |
| Repair Cost: <b>L/SUM</b>                                                      | S\$ <b>4,900.00</b>          | ( <b>5</b> days) Reduction: <b>42</b> %                                     | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>05/06/2025</b> | Confirm with <b>Victor Wong</b>                                             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability:                                                               | % <b>50</b>                  | (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>                               | If NO or B 28, Ass. Lia :                                               |                          |
| Repair Cost: <b>5,341.00</b>                                                   | S\$ <b>2,670.50</b>          | <b>9%GST</b>                                                                |                                                                         |                          |
| Loss of Rental (LOR):                                                          | S\$                          | ( days)                                                                     |                                                                         |                          |
| Loss of Use (LOU): <b>500.00</b>                                               | S\$ <b>250.00</b>            | (\$ <b>100</b> x <b>5</b> days)                                             |                                                                         |                          |
| Loss of Income (LOI):                                                          | S\$                          | (\$ x days)                                                                 |                                                                         |                          |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | <b>LOR + LOU</b>             | <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                         |                          |
| GIA/LTA Search                                                                 | S\$ <b>27.25</b>             |                                                                             |                                                                         |                          |
| Medical:                                                                       | S\$                          |                                                                             | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |                          |
| Disbursement:                                                                  | S\$                          | (e.g. Tow/ Independent )                                                    | 2) Report Format: <b>TP</b>                                             |                          |
| Legal Cost                                                                     | S\$                          |                                                                             | 3) Survey fee: <b>\$450.00</b>                                          |                          |
| <b>Total:</b>                                                                  | S\$ <b>2,947.75</b>          | <b>Global Sum S\$: 2,940.00</b>                                             |                                                                         |                          |
| <b>FINAL PAYMENT</b>                                                           | Date/Time:                   | Confirm with:                                                               | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| Payee 1:                                                                       | S\$ <b>2,940.00</b>          | Name 1: <b>ELITE AM PTE. LTD.</b>                                           |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                      | S\$                          | Name 2:                                                                     |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                      | S\$                          | Name 3:                                                                     |                                                                         |                          |