15/5/2010

INS. CASE OWNER: CD/FCI24120051/Tpa3q2(N)

LKK:

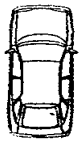
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 04/12/2024 Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8225E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

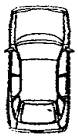
Excess Sec II :S$ D.O.A : 01/12/2024 Place of Accident :

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

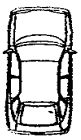
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

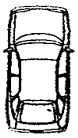
SJL 584A → → →



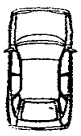
INSRS:
WSP:
Tel :
Liability :
RMKS:



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:	
		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 (3 days)	Reduction: 72 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/08/2025	Confirm with POH KIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: 9%GST	S$ 1,362.50		
Loss of Rental (LOR):	S$ 360.00 (3 days)	X $120.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 2.18		
Medical: Zahari	S$ 41.50		1) Claim status: Normal/Reject/Private Settle XXXXXXXXX
~~Disbursement:~~ Medical Nawra	S$ 60.00	(e.g. Tow/ Independent)	2) Report Format: TP
~~Legal Cost~~ Medical Nayla	S$ 41.50		3) Survey fee: $300.00
~~Total:~~ Medical Faezah	**S$** 71.50	~~Global Sum S$~~: TOTAL: $1,939.18	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,724.68	Name 1:	KGC WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S$ 41.50	Name 2:	Muhammad Zahari Bin Tajudin
Payee 3: (Strike if N.A.)	S$ 60.00	Name 3:	Nur Nawra Zahira Binte Muhammad Zahari
	41.50		Nur Nayla Zafira Muhd Zahari
	71.50		Nurul Faezah Binti Hassan