

INS. CASE OWNER:

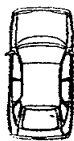
CD/III24070240/Kpa3(N)

IDAC:

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **16/07/2024**

Date / Time : \_\_\_\_\_

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SNE7329P**

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **15/07/2024**

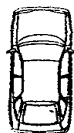
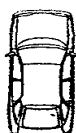
Place of Accident : \_\_\_\_\_

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****SNK1422K**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      Typist</b>                                              |
|                                                                                                                                                                      |                                                             | Notification ltr (if non-pickup)       | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | After call ltr to OI:                  | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | Authorisation To Act:                  | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | Release Voucher:                       | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | Final Repair Bill:                     | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | Car Rental Invoice:                    | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | Towing Invoice                         | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | LTA / GIA :                            | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | Medical Bill:                          | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | PIR:                                   | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | Mandate/Reject Instruction:            | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | LOD                                    | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                             | Payment Breakdown Form:                | <input type="checkbox"/> <input type="checkbox"/>                       |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____                                            | Sent By: _____                         | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>   |
|                                                                                                                                                                      |                                                             |                                        | Others: <input type="checkbox"/> <input type="checkbox"/>               |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____                                            | Confirm with: _____                    | Confirm by: _____                                                       |
| Repair Cost: <b>P/P</b>                                                                                                                                              | S\$ <b>5,848.40</b> ( <b>8</b> days) Reduction: <b>36</b> % |                                        | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>12/03/2025</b> Confirm with <b>JUNE</b>       |                                        | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>   |                                        | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: <b>9%GST</b>                                                                                                                                            | S\$ <b>6,374.76</b>                                         |                                        |                                                                         |
| Loss of Rental (LOR):                                                                                                                                                | S\$ _____ ( _____ days)                                     |                                        |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>640.00</b> (\$ <b>80</b> x <b>8</b> days)            |                                        |                                                                         |
| Loss of Income (LOI):                                                                                                                                                | S\$ _____ (\$ _____ x _____ days)                           |                                        |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <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>\$400.00</b>                                          |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 7,042.01</b>                                         | <b>Global Sum S\$:</b>                 |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____                                            | Confirm with: _____                    | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                             | S\$ <b>7,042.01</b>                                         | Name 1: <b>CHENG HOE MOTOR PTE LTD</b> |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ _____                                                   | Name 2: _____                          |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ _____                                                   | Name 3: _____                          |                                                                         |