		LKK:
INS. CASE OWNER:	**CD/FCI24080109/Rua3**	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _____ Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

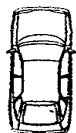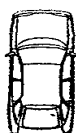**Excess Sec II :S$** _____ D.O.A : _____ Place of Accident : _____

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:	☐	☐

PRELIMINARY ADVICE　Date/Time: _____　Sent By: _____

Post-Repair Photos:	☐	☐
Others:	☐	☐

FINALIZATION　Date/Time: _____　Confirm with: _____　Confirm by: _____

Repair Cost: **L/S**　S$ **4,550.00**　(**5** days) Reduction: **39** %　Email ☐ Call ☐

FINAL SETTLEMENT　Date/Time: **07/11/24**　Confirm with **SUANNE**　Email ☑ Call ☐

Final Liability:	%**100**	(Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :
Repair Cost: **9%GST**	S$ **4,959.50**		
Loss of Rental (LOR): **9%GST**	S$ **436.00** (**4** days) **x $100.00**		
Loss of Use (LOU):	S$ **60.00** ($ **60** x **1** days)		
Loss of Income (LOI):	S$ ($ x days)		

LOR only ☐　LOU only ☐　LOR + LOU ☑　LOR + LOI ☐　[**Tick only one**]

GIA/LTA Search	S$ **2.00**	
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: **$ 350.00**

Total:	**S$ 5,457.50**	**Global Sum S$:**	

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

Payee 1:	S$ 5,457.50	Name 1:	**MOVA AUTOMOTIVE PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	