		LKK:
INS. CASE OWNER:	CD/III24080119/Upa3(N)	IDAC:

ASSIGNMENT

Surveyor: **MARCUS** DOI: **15/08/2024** Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SNF546U** Claim No. : _____

Name of Insured : _____ Policy No. : _____

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

Excess Sec II :S$ D.O.A : **04/08/2024** 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**

SNR3258T ⟶ ⟶ ⟶

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: **L/SUM** S$ **4,400.00** (**3** days) Reduction: **64** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **13/01/2026** Confirm with: **RAYMOND** Email ✓ Call ☐

Final Liability:	% **50** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :	
Repair Cost: **4,796.00**	S$ **2,398.00** **9%GST**		
Loss of Rental (LOR) **480.00**	S$ **240.00** (**4** 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:	S$	1) Claim status: Normal/~~Reject~~/~~Private Settle~~	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**	
Legal Cost	S$	3) Survey fee: **$550.00**	
Total:	S$ **2,640.18** **Global Sum S$: 2,640.00**		

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

Payee 1:	S$ **2,640.00**	Name 1:	**KY AUTO PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	