15/5/2010

INS. CASE OWNER: | CC 6 UR ~~AIG~~1801 8486, UJ 63 9/2 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 18/10/18 Date / Time : 18/10/18

Registered in Merimen: 18/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLG 7195X	Claim No. :	1060029291SG
Name of Insured :	UR	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 24/10/18	Place of Accident :	CHANGI BUSINESS PK LEW/[illegible]

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

If **NO**, Driver Name / Age : AHMAD DIN SAMM OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

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

PBA 7559G → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : KIVILE.	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	PBA 7559G – X SLG7195X – Y
24/10/18 JOY	
	– BOTH CLAIMED GREEN L.
28-11-18	EM AIG FOR VIDEO.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	23-1-19 JOY
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	X	
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher:	✓	
Final Repair Bill:	✓	
Car Rental Invoice:	X	
Towing Invoice	X	
LTA / GIA :	✓	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
LOD	X	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:

FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S$ (days) Reduction: %	Email ☐ Call ☐

Confirm by:

FINAL SETTLEMENT	Date/Time: 29-1-19 Confirm with KIVILE / IRENE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9(9)	If NO or B 28, Ass. Lia :
Repair Cost: GST	S$ 1,498.xx	OI TURNING
Loss of Rental (LOR):	S$ – (days)	TP STRAIGHT
Loss of Use (LOU):	S$ 60 (S$ 20 x 3 days)	T-JUNC
Loss of Income (LOI):	S$ – (S$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.45	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	**S$** 1,565.45 **Global Sum S$:** 1550	

COPY SENT 12/2/19

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,550.xx	Name 1:	KIVILE ENTERPRISE
Payee 2: (Strike if N.A.)	S$ X	Name 2:	X
Payee 3: (Strike if N.A.)	S$	Name 3:	