15/5/2010

INS. CASE OWNER: | CC 4/ 111 1900 2016 / Kha3 P | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH   DOI: 21/01/19   Date / Time : 30/1/19

Registered in Merimen: 30/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4331M		Claim No. :	
Name of Insured : Ctrl		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 30/1/19	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**

GBD8436D → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: K Kim Hin	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
1/2/19	GBD8436D - x.
WC	SHB 4331M - CC3/111/600779.4/Kha3P2; DOA: 26/4/16
01/02/19	- FILE REVIEWED. OIO REPORTED THAT HE WAS WITHIN LANE WHEN HIT BY TP. TP SPIN AFTER IMPACT & LOST CONTROL & HIT SIDE RAILINGS. REQUESTED OI VIDEO FOOTAGE TO HI.
	- PENDING OI VIDEO FOOTAGE.
24/9/2020	- ~~To close up.~~
25/3/2021	- DV sent

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/C	S$ 12000.00 (16 days)	Reduction: 54. %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/3/2021	Confirm with Carin	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL.	If NO or B 28, Ass. Lia :
Repair Cost: WHSF	S$ 12840.00		
Loss of Rental (LOR):	S$ 2200.00	(20 days) x $110.00	
Loss of Use (LOU):	S$ -	($ - x - days)	
Loss of Income (LOI):	S$ -	($ - x - days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: Opp
Legal Cost	S$ -		3) Survey fee: $600.00
Total:	S$ 15047.45	**Global Sum S$:** 14850.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 14850.00	Name 1: K Kim Hin Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	