15/5/2010

INS. CASE OWNER:

CC4/ASM19006057/Uea3

LKK:

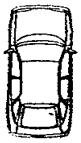
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 09/04/2019 Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHF 754G

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 03/04/2019

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

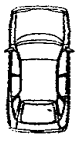
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

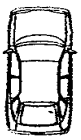
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

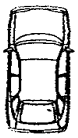
SLE 3435R → _____ → _____ → _____



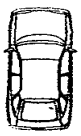
INSRS:
WSP:KAN FOOK SING
Tel :
Liability :
RMKS:



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:
		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: CKS
Repair Cost: P/P	S$ 350 (1 days)	Reduction: 51 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05.08.20	Confirm with ALICE	Email ☐ Call ☐
Final Liability: 100	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST: $ 374.50	S$ 187.25	BOTH PARTY TURNING LEFT	
Loss of Rental (LOR): -	S$ - (days)		
Loss of Use (LOU): $100.00	S$ 50.00 ($ 50 x 2 days)		
Loss of Income (LOI): -	S$ - ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search $36.45	S$ 36.45		
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
Total: $510.95	**S$** 273.70	**Global Sum S$:** 280.00	

FINAL PAYMENT	Date/Time: 05.08.20	Confirm with: ALICE	Email ☐ Call ☐
Payee 1:	S$ 280.00	Name 1:	KAN FOOK SING MOTOR WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	