

INS. CASE OWNER:

CC6/AIG19014664/Apa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 20/08/19

Date / Time : 20/08/19

Registered in Merimen: 21/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SGX 5827P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 16/08/2019

Place of Accident : MARINA BOULEVARD TURNING TO BAYFRONT AVE

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

SKJ 908Z

INSRS:
WSP: KIANG MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKJ 908Z- CC6/AIG15004666/M1ya3q2; DOA:11/03/15	
	SJC 3867L- NA1/INC08010504/Aw1 ; DOA: 31/03/08	
	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: _____		CONFIRMATION Date/Time: _____ Sent By: _____	
FINALIZATION Date/Time: _____ Confirm with: _____		CONFIRMATION Date/Time: _____ Sent By: _____	
Repair Cost: S\$ 1,800.00 (3 days) Reduction: 80 %	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 07/07/2020 Confirm with Chris		Email ☒ Call ☐	
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost: \$1800 S\$ 900.00			
Loss of Rental (LOR): \$300 S\$ 150.00 (3 days) X \$100			
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/ Report/Dispute/ Settlement		
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost S\$ -	3) Survey fee: \$320		
Total: S\$ 1,057.45	Global Sum S\$: 1,000.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Payee 1: S\$ 1,000.00	Name 1:	Kiang Motor	
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		