| | | | LKK: |
|---|---|---|---|
| INS. CASE OWNER: | Chan Kian Meng | CC4/AIG19015691/Kba3 | IDAC: |

**ASSIGNMENT**

| Surveyor: | KENNETH | DOI: 06/09/2019 | Date / Time : 4/9/19 |
|---|---|---|---|
| | | | Registered in Merimen: 4/9/19 |

Pre-assign / CCU / FTE

| Insured Vehicle No. | : | SKG 2097R | | Claim No. | : | 3120190070SG |
|---|---|---|---|---|---|---|
| Name of Insured | : | Vic-Dupont Thibault Nicolas | | Policy No. | : | |
| Insured Tel No. | : | HP: | | Make / Model | : | |
| Excess Sec II :S$ | | D.O.A : 30/08/2019 | | 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

**SKS 8620C** →

| INSRS: | INSRS: | INSRS: | INSRS: |
|---|---|---|---|
| WSP: SUPREME AUTO | WSP: | WSP: | WSP: |
| Tel : | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | | | STAGE | DATE / PIC |
|---|---|---|---|---|
| | SKS 8620C - X | SKG 2097R - X | Non-Reporting ltr (1st): | |
| | | | Non-Reporting ltr (2nd): | |
| | OINR. To send out first letter. File pass to Su Li. | | Non-Reporting ltr (Final): | |
| | | | Notification ltr (if non-pickup): | |
| 17/9/19 - | √ OI GIA Rec'd | | Call OI: | |
| | - Please check / verify OID DL | | After call ltr to OI: 18/09/19 - VIC | |

| | | Documentation Check List: | Handler | Typist |
|---|---|---|---|---|
| 18/09/19 | - FILE REVIEWED. CONFLICTING VERSIONS. | Notification ltr (if non-pickup) | | |
| | CUTTING LANE. SEND LETTER TO OI TO | After call ltr to OI: | | |
| | NOTIFY TP CLAIM & NCD ISSUES. | Authorisation To Act: | | |
| | - EMAIL LIABILITY UNCLEAR | 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: $750.00 | Confirm with: 38.59 | Confirm by: | |
|---|---|---|---|---|
| Repair Cost: 45 | S$ ~~110.00~~ ( ) days) Reduction: ~~7%~~ % | | Email ☐ Call ☐ |

| FINAL SETTLEMENT | Date/Time: | Confirm with | Email ☐ Call ☐ | |
|---|---|---|---|---|
| Final Liability: | % | (Agreed / Assessed) BOLA S/N No. : NIL | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S$ | | | |
| Loss of Rental (LOR): | S$ ( days) | | | |
| 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$ | | | |
| Medical: | S$ | | 1) Claim status: ~~Normal/Reject/Private Settle~~ WP | |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: | |
| Legal Cost: | S$ | | 3) Survey fee: $ 250.00 | |
| Total: | S$ | Global Sum S$: | | |

| FINAL PAYMENT | Date/Time: | Confirm with: | Email ☐ Call ☐ | |
|---|---|---|---|---|
| Payee 1: | S$ | Name 1: | | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | | |