

INS. CASE OWNER:

CC6/QBE19020590/Ada3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 19/11/2019

Date / Time : 19/11/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : ~~SLF 4834K~~ SLF 4834K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 18/11/2019 11:50

Place of Accident : SLIP ROAD OF PUNGGOL WAY > TPE

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

SMA 5401J**SLF 4834K****SMN 248A****SHA 6632L**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP: KANG CAR
Tel :
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMN 248A - X	SLF 4834K - X	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)	<input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input checked="" type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: S\$ 12,900.00 (11 days) Reduction: 42 % Email <input type="checkbox"/> Call <input type="checkbox"/>				
FINAL SETTLEMENT Date/Time: 13/08/2020 Confirm with Sharon Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0%				
Repair Cost: (w/GST) S\$ 13,803.00 6 veh C.C, OI was 3rd				
Loss of Rental (LOR): S\$ 1,560.00 (12 days) X \$130				
Loss of Use (LOU): S\$ - (\$ x days)				
Loss of Income (LOI): S\$ - (\$ x days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ 2.00				
Medical: S\$ 252.00				
Disbursement: S\$ - (e.g. Tow/ Independent)				
Legal Cost S\$ -				
Total: S\$ 15,617.00 Global Sum S\$: _____				
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>				
Payee 1: S\$ 15,617.00 Name 1: Kang Car Repairers Pte Ltd				
Payee 2: (Strike if N.A.) S\$ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ Name 3: _____				