INS. CASE OWNER: Chan Kian Meng | CC4/AIG19022198/Kea3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH   DOI: 17/12/2019   Date / Time: 17/12/2019

Registered in Merimen: 17/12/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLA 4391Y**	Claim No. :
Name of Insured : **JOHN KONG SIEW KUAN**	Policy No. : **2100454437**
Insured Tel No. : HP:	Make / Model : **MITSUBISHI OUTLANDER-2.4**
Excess Sec II :S$	D.O.A : **14/12/2019 23:10** Place of Accident : **JOHOR BAHRU - HITAM**
Is driver the owner? (YES / **NO**)	Nature of Accident :

If **NO**, Driver Name / Age : **NING WENLONG**   OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. :) **+65-98550099**   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

JSB 3294 → →

INSRS: WSP: **AUTOEXCEL** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	JSB 3294 - X	SLA 4391Y - 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)		
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:

Confirm by: **KSC**

FINALIZATION	Date/Time:	Confirm with:		
Repair Cost: **L/S**	S$ **12,200.00** (**21** days) Reduction: **46** %		Email / Call	

FINAL SETTLEMENT	Date/Time: **16.10.20** Confirm with **RYAN**	Email / Call	If NO or B 28, Ass. Lia :
Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**		
Repair Cost:	S$ **12,200.00**	**4VEH CC OID LAST**	
Loss of Rental (LOR):	S$ **-** (days)		
Loss of Use (LOU):	S$ **630.00** ($ **30** x **21** 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~~	
Disbursement:	S$ **-** (e.g. Tow/ Independent)	2) Report Format: **TP**	
Legal Cost	S$ **-**	3) Survey fee: **$320**	
Total:	S$ **12,830.00** Global Sum S$:		

FINAL PAYMENT	Date/Time: **16.10.20** Confirm with: **RYAN**	Email / Call
Payee 1:	S$ **12,830.00** Name 1: **AE AUTO PTE LTD**	
Payee 2: (Strike if N.A.)	S$ Name 2:	
Payee 3: (Strike if N.A.)	S$ Name 3:	