

INS. CASE OWNER: **Lalitha Krishnan****CC6/III19022669/Upa3**

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUSDOI: **26/12/2016**Date / Time : **26/12/2019**Registered in Merimen: **26/12/2019**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GW 2966X**Name of Insured : **LIAN AIK LEASING PTE LTD**Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **24/12/2019**Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : **VETHIYAPPAN ANANTHAN**Driver Tel No. : **+65-97786243** (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : **MITSUBISHI CANTER-2.8 D FB511 (M)**Place of Accident : **BOON LAY WAY TO TOH TUCK AVE**OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : _____ % Final ? Yes / No

SJN 3956EINSRS:
WSP: **CHOO MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJN 3956E - X	GW 2966X - 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:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/04/2020	Confirm with Jason	Email ☒ Call ☐	
Final Liability:	% 100	(Assessed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,050.00			
Loss of Rental (LOR):	S\$ 400.00	(4 days) x \$100.00		
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\$ 2.00			
Medical:	S\$ -		1) Claim status: Normal/ Other/Driver's Fault	
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -		3) Survey fee: 500.00	
Total:	S\$ 3,452.00	Global Sum S\$: 3,450.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 3,450.00	Name 1: Choo Motor Spray Painter		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		