

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

KENNETHDOI: **14/01/2020**Date / Time : **14/01/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **PA 5005J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **0901/2020 07:05**Place of Accident : **ULU PANDAN ROAD**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SKS 9694H**

INSRS:

WSP: **K KIM HIN**

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKS 9694H- X PA 5005J - NS/INC09028699/Cr1; DOA: 21.12.09	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: KSC		
Repair Cost: P/P S\$ 3,369.20 (4 days) Reduction: 29 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 12.03.21 Confirm with CARIN Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :		
Repair Cost: w/GST S\$ 3,605.04 OID CHANGED LANE HIT TP		
Loss of Rental (LOR): S\$ 960.00 (6 days) X \$160		
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\$ -		
Disbursement: S\$ - (e.g. Tow/ Independent)		
Legal Cost S\$ -		
Total: S\$ 4,567.04 Global Sum S\$:		
FINAL PAYMENT Date/Time: 12.03.21 Confirm with: CARIN Email ☐ Call ☐		
Payee 1: S\$ 4,567.04 Name 1: K KIM HIN AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		