

INS. CASE OWNER: KHONG Lynn  
68804892

CC4/ASM20002285/ H ga3

LKK:  
IDAC: 159817

Surveyor:

Lee Hock Ann

DOI:

ASSIGNMENT

10/1/2020

Date / Time : 10/02/2020

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 3568E

Claim No. : S0M02FQ7

X

Name of Insured : LEE FOO KWONG

Policy No. : GA497230

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : OPEL ASTRA 1.4 HB (A)

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 01/02/2020 23:00

Place of Accident : LOWER DELTA ROAD TOWARDS DELTA ROAD

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

SLR 4073B

INSRS:  
WSP: SPEED AUTO  
Tel : WORKS  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLR4073B - X	SLG 3568E - X	STAGE	DATE / PIC
	OINR. To send out first letter. File pass to Su Li.		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"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____				
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	L/S	S\$ 5600.00 ( 5 days) Reduction: 12,460.10%	69	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: 29/04/2020 Confirm with: SUSAN Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : _____	
Repair Cost:	S\$ 5992.00			
Loss of Rental (LOR):	S\$ 535.00 ( 5 days) x \$107	(W/GST)		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent )	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Legal Cost	S\$		2) Report Format: TP	
Total:	S\$ 6527.00	Global Sum S\$: 6500.00	3) Survey fee: \$350.00	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Payee 1:	S\$ 6500.00	Name 1: SPEED AUTO WORKS		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		