15/5/2010

INS. CASE OWNER:

CC6/CTI20002570/Ada3

LKK:

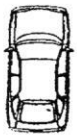
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 12/02/2020 Date / Time : 12/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 6647Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

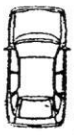
Excess Sec II :S$ D.O.A : 01/02/2020 11:25 Place of Accident : PIE

Is driver the owner? (YES / NO) Nature of Accident :

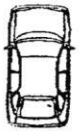
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

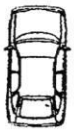
SJG 9988K → → →



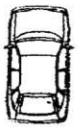
INSRS:
WSP: KIANG MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJG 9988K - X SLT 6647Y - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
26/2	email sent.	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI: - 26/2 email JL
		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$ 3600.00 (5 days) Reduction: 67 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/8/2020 Confirm with Chris	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3600.00	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 360.00 ($ 50 x 7 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45	
Medical:	S$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: IP
Legal Cost	S$ -	3) Survey fee: $400
Total:	**S$ 3957.45** **Global Sum S$:**	
FINAL PAYMENT	Date/Time: Confirm with:	Email ☐ Call ☐

Payee 1:	S$ 3957.45	Name 1:	Kiang Motor
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	