15/5/2010

INS. CASE OWNER: Cherlyn. | CC 6 / AIG 2000 2953 / Yes3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 28/2/2020 Date / Time : 20/2/2020

Registered in Merimen: 20/2/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : GBC 5557M Claim No. :

Name of Insured : Sungei Kadut Engineering Pte Ltd Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 2/7/19 Place of Accident :

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**

XE1195D → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Liu's Brother	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	XE1195D : X ; GBC5557M : X
28/2	letter sent.
5/3	OI called in and wish to have private settlement. wants to know the claim amount.

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: (Sum) S$ 1500.00 (2 days) Reduction: 5% Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/1/2021 Confirm with Susan Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27.	If NO or B 28, Ass. Lia : OD rear-ended TP.
Repair Cost:	S$ 1500.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 450.00 (150 x 3 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/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ –	3) Survey fee: $320.00
Total:	S$ 1952.00 **Global Sum S$:** 1950.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 1950.00	Name 1:	Liu's Brother Auto Engineering Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	