LKK:

IDAC:

CC6/CTI20004110/Kea3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: 16/03/2020   Date / Time: 16/03/2020

Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No. : **XE 3606Y**	Claim No. : ____
Name of Insured : ____	Policy No. : ____
Insured Tel No. : ____ HP: ____	Make / Model : ____
Excess Sec II :S$ ____ D.O.A : 14/03/2020	Place of Accident : ____
Is driver the owner? (YES / NO)	Nature of Accident : ____

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

If **NO**, Driver Name / Age : ____   Insured Liability : ____ %   **Final ? Yes / No**

Driver Tel No. : ____   (V/L: YES / NO)

SJD 4227Y →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **ALAN'S UNITED**	WSP:	WSP:	WSP:
Tel : **AUTO**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SJD 4227Y - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
	XE 3606Y - CC3/CTI19011819/K1ea3 02/07/2019	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

	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: ____

Confirm by: KSC

FINALIZATION	Date/Time:	Confirm with:		
Repair Cost:	L/S S$ 6,950.00	(8 days) Reduction: 26 %	Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time: 27.11.20	Confirm with SHI JIE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	w/GST S$ 7,436.50	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 1,100.00	(11 days) x $100	
Loss of Use (LOU):	S$ -	($ 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/Reject/Private Settle
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	S$ 8,538.50	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 27.11.20	Confirm with: SHI JIE	Email ☐ Call ☐
Payee 1:	S$ 8,538.50	Name 1: ALAN'S UNITED AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	