

INS. CASE OWNER:

CC4/AIG20005385/Kga3

IDAC:

**ASSIGNMENT**

Surveyor: KENNETH DOI: 27/04/2020 Date / Time : 24/04/2020  
 Registered in Merimen: 24/04/2020

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SBT 28S Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 10/04/2020 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

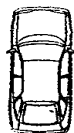
Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

**SDA 8289D**

INSRS:  
WSP: **CHEW GOON**  
Tel : **MOTOR**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                           | SDA 8289D - X         | SBT 28S - X                                                                       | 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:                     |                                                              |
|                                                                                                                                                      |                       |                                                                                   | <b>Documentation Check List:</b>          | <b>Handler</b> <b>Typist</b>                                 |
|                                                                                                                                                      |                       |                                                                                   | 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: P/P                                                                                                                                     | S\$ 2494.50           | ( 3 days) Reduction: 9823.90                                                      | % 79                                      | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                              | Date/Time: 04/06/2021 | Confirm with KELLY                                                                | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/>                                |
| Final Liability:                                                                                                                                     | % 100                 | (Agreed / Assessed) BOLA S/N No. : 23                                             | If NO or B 28, Ass. Lia :                 |                                                              |
| Repair Cost:                                                                                                                                         | S\$ 2,669.12          | W/GST                                                                             |                                           |                                                              |
| Loss of Rental (LOR):                                                                                                                                | S\$ 963.00            | ( 6 days) x \$160.50                                                              |                                           |                                                              |
| 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\$ 2.00              |                                                                                   |                                           |                                                              |
| Medical:                                                                                                                                             | S\$                   | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |                                           |                                                              |
| Disbursement:                                                                                                                                        | S\$                   | (e.g. Tow/ Independent )                                                          |                                           |                                                              |
| Legal Cost                                                                                                                                           | S\$                   | 2) Report Format: TP                                                              |                                           |                                                              |
|                                                                                                                                                      |                       | 3) Survey fee: \$320.00                                                           |                                           |                                                              |
| <b>Total:</b>                                                                                                                                        | S\$ 3,634.12          | <b>Global Sum S\$:</b>                                                            |                                           |                                                              |
| <b>FINAL PAYMENT</b>                                                                                                                                 | Date/Time:            | Confirm with:                                                                     | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/>                                |
| Payee 1:                                                                                                                                             | S\$ 3,634.12          | Name 1:                                                                           | CHEW GOON MOTOR                           |                                                              |
| Payee 2: (Strike if N.A.)                                                                                                                            | S\$                   | Name 2:                                                                           |                                           |                                                              |
| Payee 3: (Strike if N.A.)                                                                                                                            | S\$                   | Name 3:                                                                           |                                           |                                                              |