

INS. CASE OWNER:

CC 4 /AIG 2000 6538 / Kes3

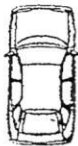
LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 29/06/2020Date / Time : 22/06/2020Registered in Merimen: 22/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKC 535C

Claim No. : _____

Name of Insured : NG CHEE HOCK

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 19/06/2020

Place of Accident : _____

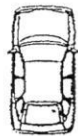
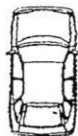
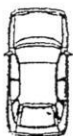
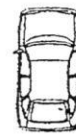
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLA 8423M

INSRS:
WSP: KGC
Tel: WORKSHOP
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SLA 8423M : X ; SKC 535C : 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:	
		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: _____	Confirm with: _____	Confirm by: <u>KSC</u>
Repair Cost:	P/P \$918.00 (2 days) Reduction: 63 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>14.08.20</u> Confirm with <u>POH KIN</u>	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST \$982.26	OI REAR ENDED TP	
Loss of Rental (LOR):	\$ - (days)		
Loss of Use (LOU):	\$160.00 (\$ 80 x 2 days)		
Loss of Income (LOI):	\$ - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$2.00		
Medical:	\$ -	1) Claim status: Normal Reject/Printed Settlement	
Disbursement:	\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$ -	3) Survey fee: \$320	
Total:	\$1,144.26 Global Sum \$:		
FINAL PAYMENT	Date/Time: <u>14.08.20</u> Confirm with: <u>POH KIN</u>	Email ☐ Call ☐	
Payee 1:	\$1,144.26 Name 1: KGC WORKSHOP PTE LTD		
Payee 2: (Strike if N.A.)	\$ Name 2:		
Payee 3: (Strike if N.A.)	\$ Name 3:		