		LKK:
INS. CASE OWNER: KENNY LIM	CC6/LPC20006808/Ugs3	IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 30/06/2020   Date / Time : 30/06/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **YL 9760X**   Claim No. : 20/20/20/VC05/023366

Name of Insured : **LYE KOON KENG**   Policy No. :

Insured Tel No. : _____ HP: _____   Make / Model : **ISUZU FTR33P**

Excess Sec II :S$ _____ D.O.A : 28/05/2020   Place of Accident : **BLK 639 PUNGGOL DRIVE**

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

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

Driver Tel No. : 98999326   (V/L: **YES** / NO)   Insured Liability : ____ %   **Final ? Yes / No**

YQ 1824Y ⟶ _____ ⟶ _____ ⟶ _____

INSRS: WSP: **LIU'S BROTHER** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	YQ 1824Y - X YL 9760X - 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:	X	
Release Voucher:		
Final Repair Bill:	X	
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: P/P S$ 3100.00 (4 days) Reduction: 3700.00 % 54   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/09/2020 Confirm with SUSAN   Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ 3100.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 360.00 ($ 60.00 x 6 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$		
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: $450.00	
Total:	**S$ 3460.00**	**Global Sum S$:** 3450.00	

FINAL PAYMENT Date/Time: _____ Confirm with: _____   Email ✓ Call ☐

Payee 1:	S$ 3450.00	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:	