15/5/2010

INS. CASE OWNER: CC6/CTI20007525/Kds3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor: Kenneth DOI: 20/07/2020 Date / Time : 21/07/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKV 9973L Claim No. :

Name of Insured : MARCUS LAI LEE KOON Policy No. :

Insured Tel No. : HP: Make / Model :

**Excess Sec II :S$** D.O.A : 16/07/2020 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**

SKR 380C → → →

| INSRS: | INSRS: | INSRS: | INSRS: |
|---|---|---|---|
| WSP: K.KIM HIN | WSP: | WSP: | WSP: |
| Tel : | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | |
|---|---|
| | SKR 380C : X |
| | SKV 9973L : CS/CTI18014645/Ksd3n2 ; DOA : 25/07/2018 |
| 20/09/2021 | PLEASE REFER TO VIEWS FOR DETAILS |
| | *SUBMIT REJECT AS PER CTI INSTRUCTIONS |

| 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: P/P S$ 4,498.20 ( 4 days) Reduction: 43 % Email Call

**FINAL SETTLEMENT** Date/Time: Confirm with Email Cal

| | | |
|---|---|---|
| Final Liability: | % (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ | |
| Loss of Rental (LOR): | S$ ( days) | |
| Loss of Use (LOU): | S$ ($ x days) | |
| Loss of Income (LOI): | S$ ($ x days) | |
| LOR only LOU only LOR + LOU LOR + LO | [**Tick only one**] | |
| GIA/LTA Search | S$ | |
| Medical: | S$ | 1) Claim status: ~~Normal/Reject/Private Settle~~ WP |
| Disbursement: | S$ (e.g. Tow/ Independent ) | 2) Report Format: TP |
| Legal Cost | S$ | 3) Survey fee: 350.00 |
| **Total:** | **S$** **Global Sum S$:** | |

**FINAL PAYMENT** Date/Time: Confirm with: Email Cal

| | | | |
|---|---|---|---|
| Payee 1: | S$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |