

INS. CASE OWNER:

CC6 / AIG 2000 8531 / Aes3

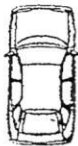
LKK:

IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 17/08/2020Date / Time : 17/08/2020Registered in Merimen: 17/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 4247M

Claim No. : _____

Name of Insured : KAT CAT PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 14/08/2020

Place of Accident : _____

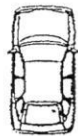
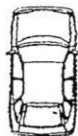
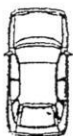
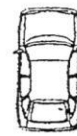
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SKN 9244A

INSRS:
WSP: **PREMIUM**
Tel: **CARZ**
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	SKN 9244A : CC6/AIG16007166/Ayb3q2 ; DOA : 13/04/2016 GBH 4247M : 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: LWP
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: LWP
Repair Cost:	L/S S\$ 2,350.00 (5 days) Reduction: 60 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 10.11.20 Confirm with AUN TENG	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,350.00	OID OPEN DOOR HIT ONCOMING TP	
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 days)		
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ -	1) Claim status: Normal Reject Private Sewer	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 2,657.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 10.11.20 Confirm with: AUN TENG	Email ☐ Call ☐	
Payee 1:	S\$ 2,657.45 Name 1: PREMIUM CARZ SERVICES PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		