

INS. CASE OWNER:

CC4 /AIG 2000 8779 / Ars3

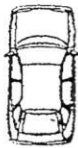
LKK:

IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 21/08/2020Date / Time : 21/08/2020Registered in Merimen: 26/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SBT 8982J

Claim No. : _____

Name of Insured : SUBRAMANIAN APPAVOO

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 15/08/2020

Place of Accident : _____

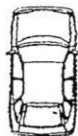
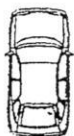
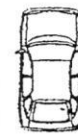
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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

SKK 1447A

INSRS:
WSP: SK AUTOMOBILE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKK 1447A : CC6/III16004572/R1wb3n2 ; DOA : 29/02/2016 SBT 8982J : 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: _____
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/SUM	\$S 5,500.00 (4 days) Reduction: 80 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 7/6/2021 Confirm with HUEY LEE	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	5,885 \$S 2,942.50		
Loss of Rental (LOR):	700 \$S 350.00 (5 days) x \$140.00		
Loss of Use (LOU):	\$S (\$ x 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		
Disbursement:	\$S (e.g. Tow/ Independent)		
Legal Cost	\$S		
Total:	\$S 3,292.50 Global Sum \$S: 3,290.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S 3,290.00 Name 1: SK Automobile Pte Ltd		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		

1) Claim status: Normal/Reject/Private South

2) Report Format: TP
3) Survey fee: 320.00