		LKK:
INS. CASE OWNER:	CC4/ASM20010657/Kes3	IDAC:

ASSIGNMENT

Surveyor: **Kenneth**   DOI: 06/10/2020   Date / Time : 05/10/2020

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLE 4580Y**   Claim No. : _____

Name of Insured : MUHAMMAD HADI BIN JAINE   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 24/08/2020   Place of Accident : _____

Is driver the owner? (**YES** / NO)   Nature of Accident : _____
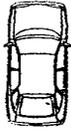
If **NO**, Driver Name / Age : _____   OI GIA REPORT: **YES**/ NO ; TP GIA REPORT: **YES**/ NO

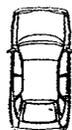Driver Tel No. : _____ (V/L: **YES**/ NO)   Insured Liability : ___ %   **Final ? Yes / No**
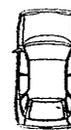
SML 37C ⟶ _____ ⟶ _____ ⟶ _____

INSRS: WSP: **AUTOWORX HOUSE** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SML 37C : X ; SLE 4580Y : 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:		

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION Date/Time: ___ Confirm with: ___   Confirm by: KSC

Repair Cost: **L/S** S$ 8,500.00 (4 days) Reduction: 52 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17.12.21 Confirm with ADMIN   Email ☐ Cal ☐

Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : 24a	If NO or B 28, Ass. Lia :
Repair Cost: $8,500.00 S$ 4,250.00	OID REVERSED / TP EXIT PARKING LOT
Loss of Rental (LOR): - S$ - (days)	
Loss of Use (LOU): $600 S$ 300.00 ($ 120 x 5 days)	
Loss of Income (LOI): - S$ - ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search $2.00 S$ 2.00	
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: $350
Total: $9,102.00 S$ 4,552.00 **Global Sum S$:** 4,550.00	

FINAL PAYMENT Date/Time: 17.12.21 Confirm with: ADMIN   Email ☐ Cal ☐

Payee 1:	S$ 4,550.00	Name 1:	AUTOWORX HOUSE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	