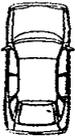| INS. CASE OWNER: **BENNIE**	**CC4/AIG20010831/Kga3**	LKK:
		IDAC:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: 08/10/2020

Date / Time : **08.10.2020**

Registered in Merimen: 08.10.2020

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **SMC 9320Y**   Claim No.   :   1493506740SG003

Name of Insured   :   Policy No.   :

Insured Tel No.   :   HP: Make / Model   :   **HONDA STEP WAGON 1496cc**

Excess Sec II :S$ D.O.A : **05/10/2020**   Place of Accident :

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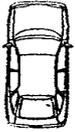
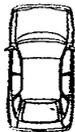If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

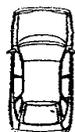Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

SLM 2062Y ⟶ _____ ⟶ _____   ⟶ _____
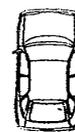
INSRS:	INSRS:	INSRS:	INSRS:
WSP: **Chew Goon**	WSP:	WSP:	WSP:
Tel : **Motor**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SLM 2062Y - X SMC 9320Y - 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:

FINALIZATION   Date/Time: Confirm with: Confirm by:

Repair Cost: L/S   S$ 3725.80   (5 days) Reduction: $1,389.16 % 27   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: 22/02/2021   Confirm with **KELLY**   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 11C	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,986.61 W/GST	
Loss of Rental (LOR):	S$ 749.00 (7 days) x $107.00 W/GST	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 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: $320.00
Total:	**S$ 4,737.61** **Global Sum S$:**	

FINAL PAYMENT   Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 4,737.61	Name 1:	CHEW GOON MOTOR
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	