

ASSIGNMENTSurveyor: **STEVE CHEN**DOI: **22/10/2020**Date / Time : **26.10.2020******* LKK SURVEY BEFORE
AIG GV ASSIGNMENT.**Registered in Merimen: **26.10.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKS 390T**

Claim No. :

Name of Insured : **CHAN GIM TECK @ CHERN CHIN TER**Policy No. : **1900244624**

Insured Tel No. : _____ HP: _____

Make / Model : **NISSAN NOTE 1.2 CVT****Excess Sec II :S\$** _____ D.O.A : **22/10/2020 11:10**Place of Accident : **BLK 410 ANG MO KIO AVE 10**

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

OPENSOURCE CARPARK

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**SHC 2559G**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 2559G - CB/AIG09014650/wz1 ; 10/05/2006	Non-Reporting ltr (1st):	
	CC3/AIG08028924/Caj ; 24/10/2008	Non-Reporting ltr (2nd):	
	CC3/CTI19010412/K1eb3n2 ; 11/06/2019	Non-Reporting ltr (Final):	
	SKS 390T - X	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\$ 4,368.72 (3 days) Reduction: 20 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 30/6/2021 Confirm with KAZALI	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,674.53		
Loss of Rental (LOR):	S\$ 505.88 (4 days) x \$126.47		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 200.00 (\$ 50 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒	[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\$ 5,382.41 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 5,382.41 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		