

INS. CASE OWNER:

ASSIGNMENT

CC6/CTI20011779/Upa3q2

Surveyor: **MARCUS**DOI: **29/10/2020**Date / Time : **29/10/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 7127C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **27/10/2020**

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****JKS 8925**INSRS:
WSP: **T K LEE**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	JKS 8925 - X	STAGE	DATE / PIC
	YN 7127C - CC3/QBE20002052/Qka3s2 ; 31/01/2020	Non-Reporting ltr (1st):	
	CC3/QBE20007352/T1ka3q2 ; 13/07/2020	Non-Reporting ltr (2nd):	
	CV1/VAL19018626/Br ; 04/08/2018	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/sum	S\$ 8,600.00 (11 days) Reduction: 62 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/04/2021 Confirm with Sebastian	Email ☒ Call ☐	
Final Liability:	% 90 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 8,600.00	S\$ 7,740.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU): 700.00	S\$ 630.00 (\$ 50 x 14 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 36.45		
Medical VEP Fee	S\$ 350.00 (10days x \$35.00) [From 29 Oct till 11 Nov 2020]	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ 50.00 (e.g. Tow/Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$400.00	
Total:	S\$ 8,806.45	Global Sum S\$: 8,600.00	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 8,600.00	Name 1: T K LEE AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	