

ASSIGNMENTSurveyor: AdrianDOI: 16/11/2020Date / Time : 13/11/2020Registered in Merimen: 13/11/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMQ 5414M

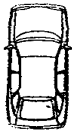
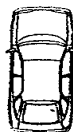
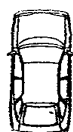
Claim No. : _____

Name of Insured : RAYMOND CHEOK KOK YEE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 07/11/2020Place of Accident : KALLANG BAHRU TWDS PIE TUASIs 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****GBF 4980P**INSRS:
WSP: KAI MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBF 4980P : NA/MSG19017550/h4 ; DOA : 05/10/2019	STAGE
	SMQ 5414M : X	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:
CLAIMANT -	NATURAL PLASTIC & MOULD INDUSTRIES	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: _____
Repair Cost: P/P	S\$ 1,137.73 (3 days) Reduction: 780.61 % 41	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/04/2022 Confirm with KIM	Email ☒ Call ☐
Final Liability:	% 80 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 1217.37	S\$ 973.90 W/GST	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU): 250	S\$ 200.00 (\$ 50 x 5 days)	BOTH PARTIES CHANGING LANE.
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S\$ 7.45	
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\$ 1,181.35 Global Sum S\$: 1,200.00 (AIG'S INSTRUCTION)	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 1,200.00 Name 1: KAI MOTOR TRADING	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	