			LKK:
INS. CASE OWNER:	**Bernard Ler**	**CC4/AIG21000202/ga3**	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **05/01/2021**

Registered in Merimen: **05/01/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKB 6011M**	Claim No. : **7094593436SG**
Name of Insured : **CHEONG FOOK WENG**	Policy No. : **2100484642**
Insured Tel No. : _____ HP: _____	Make / Model : **Nissan Qashqai**
Excess Sec II :S$ _____ D.O.A : **02/01/2021 10:40**	Place of Accident : **Near 23 Windsor Park Rd, Singapore 574129**
Is driver the owner? (YES / NO) Nature of Accident : _____	

If **NO**, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : ___ % **Final ? Yes / No**

SGZ 1200M →

INSRS: **Alfred Auto Services and Supplies.** WSP: Tel : Liability RMKS:	→ INSRS: WSP: Tel : Liability : RMKS:	→ INSRS: WSP: Tel : Liability : RMKS:	→ INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SGZ 1200M - X SKB 6011M - 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:	
17/03/2021	**Pls refer to VIEWS for details.**	**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$ **3,629.20** (**3** days) Reduction: **68** % — Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **17/03/2021** Confirm with: **Alfred** — Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **22**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **3,629.20**	
Loss of Rental (LOR):	S$ ____ (___ days)	
Loss of Use (LOU):	S$ **400.00** ($**100** x **4** days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ **[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: **$320.00**
Total:	S$ **4,036.65** Global Sum S$:	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ✓ Call ☐

Payee 1:	S$ **4,036.65**	Name 1: **Alfred Auto Services & Supplies**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: