		LKK:
INS. CASE OWNER:	**CC6/AIG21001408/Kgs3**	IDAC:

ASSIGNMENT

Surveyor: **Kenneth**   DOI: 29/01/2021   Date / Time : 29/01/2021

Registered in Merimen: 29/01/2021

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **SLC 5619A**   Claim No.   :

Name of Insured   :   **KOK CHIN WU**   Policy No.   :

Insured Tel No.   :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **27/01/2021**   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**
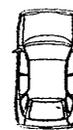
EV 9983D ⟶ _____ ⟶ _____   _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: OPTIMA WERKZ	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	EV 9983D : NA/INC15011366/r3 ; DOA : 07/07/2015		
	SLC 5619A : CS/INC17004108/Gvbs2 ; DOA : 19/02/2017	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:		

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:		
		Others:		

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost:	S$	(days) Reduction: %		Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with   Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	**S$**	**Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: