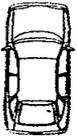|		LKK:
INS. CASE OWNER:	**CC4/AIG21001428/Kpa3**	IDAC:

ASSIGNMENT

Surveyor: **Kenneth**　　DOI: **23/03/2021**　　Date / Time : **29/01/2021**

Registered in Merimen: **29/01/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SFA 6838J**　　　　Claim No. :

Name of Insured :　　　　　　　　　　Policy No. :

Insured Tel No. :　　　　HP:　　　　Make / Model :

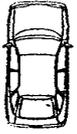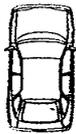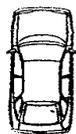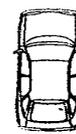**Excess Sec II :S$**　　　D.O.A : **22/01/2021 11:15**　Place of Accident : **22 Havelock Rd, Singapore 160022**

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**

SKA 8289X ——→ ——→ ——→

INSRS: **KGC WORKSHOP PTE LTD** WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SKA 8289X - NA/CTI20012435/r3 ; 31.10.2020 SFA 6838J - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
14/06/2021	Pls refer to VIEWS for details.	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$ **1,850.00** (**4** days) Reduction: **62** %　Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **14/06/2021** Confirm with **Poh Kin** Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **23**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ **1,979.50**	
Loss of Rental (LOR):	S$ **400.00** (**4** days) **x $100**	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓　LOU only ☐　LOR + LOU ☐　LOR + LOI ☐ [**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: **$320.00**
Total:	S$ **2,381.50** Global Sum S$:	

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

Payee 1:	S$ **2,381.50**	Name 1: **KGC WORKSHOP PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: