15/5/2010

INS. CASE OWNER:

CC6/AIG21002277/Aea3

LKK:

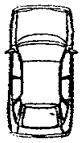
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 19/02/2021 Date / Time : 17/02/2021

Registered in Merimen: 17/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 9502P Claim No. : 5207045957SG

Name of Insured : Policy No. : 0100639145-14

Insured Tel No. : HP: Make / Model :

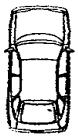
Excess Sec II :S$ D.O.A : 10/02/2021 18:00 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

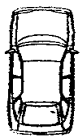
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

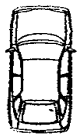
SMM 7691L → → →



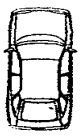
INSRS:
WSP: KAI MOTOR TRADING
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMM 7691L - X SLJ 9502P - 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:	

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: LWP

Repair Cost: L/S S$ 2,500.00 (5 days) Reduction: 44 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12.04.22 Confirm with MS KIM Email ☐ Call ☐

Final Liability: 100	% 50 (Agreed / Assessed) BOLA S/N No. : 17	If NO or B 28, Ass. Lia :
Repair Cost: w/GST : $2,675	S$ 1,337.50	BOTH PARTY TURNING AT BEND
Loss of Rental (LOR): -	S$ - (days)	
Loss of Use (LOU): $560	S$ 280.00 ($80 x 7 days)	
Loss of Income (LOI): -	S$ ✓ - ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search $7.45	S$ 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
Total: $3,242.45	**S$** 1,624.95	**Global Sum S$:** 1,650.00

FINAL PAYMENT Date/Time: 12.04.22 Confirm with: MS KIM Email ☐ Call ☐

Payee 1:	S$ 1,650.00	Name 1:	KAI MOTOR TRADING
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	