15/5/2010

INS. CASE OWNER:

CC4/ASM21002472/Kps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: **Kenneth** DOI: 23/02/2021   Date / Time : 22/02/2021

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLM 6368P**   Claim No. : _____

Name of Insured : JASON TRANSPORT & TRADING   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **19/02/2021**   Place of Accident : _____

Is driver the owner? (YES / [NO]) Nature of Accident : _____
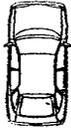
If **NO**, Driver Name / Age : _____   OI GIA REPORT: [YES] / NO ; TP GIA REPORT: [YES] / NO

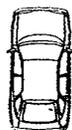Driver Tel No. : _____   (V/L: [YES] / NO) Insured Liability : ____ % **Final ? Yes / No**

GBD 2764X ⟶ _____ ⟶ _____   _____ ⟶ _____

INSRS: WSP: **GUAN MOTOR** Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	GBD 2764X : X ; SLM 6368P : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
12/04/2021	**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$ **3,250.00** (**4** days) Reduction: **61** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **12/04/2021** Confirm with **Ah Heng** Email ✓ Call ☐

		If NO or B 28, Ass. Lia :
Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	
Repair Cost:	S$ **3,250.00**	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ **320.00** ($**80** x**4** days)	
Loss of Income (LOI):	S$ ($ 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: **$350.00**
Total:	S$ **3,577.45** **Global Sum S$: 3,570.00**	

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

Payee 1:	S$ **3,570.00**	Name 1:	**Guan Motor Works**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	