

ASSIGNMENTSurveyor: AdrianDOI: 22/02/2021Date / Time : 23/02/2021Registered in Merimen: 23/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLZ 9150L

Claim No. : _____

Name of Insured : INDIRA KAMLESH KAMDAR

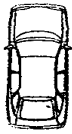
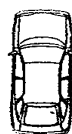
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/02/2021

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SMG 8497G**INSRS:
WSP: **KANG CAR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMG 8497G : X ; SLZ 9150L : 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
			Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
10/09/2021	SETTLED AND CLOSED / NO PHY FILE			

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: L/S	S\$ 6,500.00	(6 days) Reduction: 44.62 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 08/09/2021	Confirm with SHARON	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost: (W/GST)	S\$ 6,955.00				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ 420.00 (\$ 60 x 7 days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ 2.00				
Medical:	S\$				
Disbursement:	S\$ (e.g. Tow/ Independent)				
Legal Cost	S\$				
Total:	S\$ 7,377.00	Global Sum S\$: 7,300.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$ 7,300.00	Name 1: Kang Car Repairers Pte Ltd			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$320.00**