15/5/2010

INS. CASE OWNER: CC6/CTI21003113/Ues3

LKK:

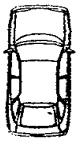
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 09/03/2021 Date / Time : 09/03/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SGX 8929J Claim No. : _____

Name of Insured : TAN TECK HOR (CHEN DEHU) Policy No. : _____

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

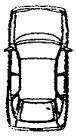
Excess Sec II :S$ _____ D.O.A : 05/03/2021 Place of Accident : _____

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

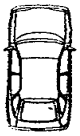
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

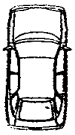
GBJ 8373U → _____ → _____ → _____



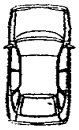
INSRS:
WSP: KAI LIANG MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBJ 8373U : X ; SGX 8929J : 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: CKS
Repair Cost: L/S	S$ 1,200.00	(2 days) Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30.03.21	Confirm with KAI	Email ☐ Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 31a	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,200.00	OID MAKE A RIGHT TURN INTO MAIN ROAD HIT TP	
Loss of Rental (LOR):	S$ -	(days)	
Loss of Use (LOU):	S$ 240.00	($ 80 x 3 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: $400
Total:	**S$** 1,447.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 30.03.21	Confirm with: KAI		Email ☐ Cal ☐
Payee 1:	S$ 1,447.45	Name 1:	KAI LIANG MOTOR SERVICE	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		