LKK:
IDAC:

INS. CASE OWNER: **CC4/AIG21003384/Kpa3**

ASSIGNMENT

Surveyor: **KENNETH**   DOI: _____   Date / Time : **15/03/2021**

Registered in Merimen: **15/03/2021**
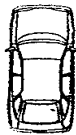
Pre-assign / CCU / FTE
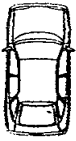
Insured Vehicle No. :	**SJK 8661M**	Claim No. : _____
Name of Insured :	**YEO BOI SONG**	Policy No. : _____
Insured Tel No. : _____	HP: _____	Make / Model : _____
Excess Sec II :S$ _____	D.O.A : **13/03/2021 13:05**	Place of Accident : **ANG MO KIO AVE 5**

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

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

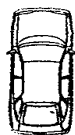Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**
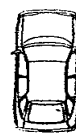
SMC 1785S ⟶ _____ ⟶ _____ ⟶ _____
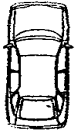
INSRS: **Goldbell Engineering Pte Ltd.** WSP: Tel : Liability RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SMC 1785S - X SJK 8661M - 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: _____

Repair Cost: S$ _____ (___ days) Reduction: ___ %   Email ☐   Call ☐

FINAL SETTLEMENT   Date/Time: _____   Confirm with _____   Email ☐   Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	**S$** **Global Sum S$:**	

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

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: