LKK:
IDAC:

CC4/AIG21003867/Kra3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH** DOI: **25/03/2021** Date / Time : **25/03/2021**

Registered in Merimen: **25/03/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGA 8866C** Claim No. :

Name of Insured : **ONG KAY CHEW** Policy No. :
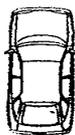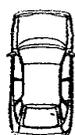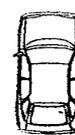
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : **23/03/2021 07:45** Place of Accident : **CHOA CHU KANG ROAD TOWARDS BUKIT PANJANG**

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**

SMR 4451G ⟶ ⟶ ⟶
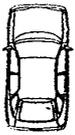
INSRS: **Caris Autoworks Pte Ltd** WSP: Tel : Liability RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SMR 4451G - X	Non-Reporting ltr (1st):	
	SGA 8866C - NA/TMI18016007/z4 ; 01.09.2018	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: **L/SUM** S$ **3,100.00** (**6** days) Reduction: **70** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **10/6/2021** Confirm with **SHERI** Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **0**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **3,100.00**	
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 ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**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: **320.00**
Total:	S$ **3,527.45** Global Sum S$:	

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

Payee 1:	S$ **3,527.45**	Name 1: **Caris Autoworks Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: