LKK:	
IDAC:	

CC6/AIG21004916/Ups3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **Marcus** DOI: 20/04/2021 Date / Time : 20/04/2021

Registered in Merimen: 20/04/2021

Pre-assign / CCU / FTE

Insured Vehicle No. :	**SLZ 63P**	Claim No. :
Name of Insured :	Tang Yong Song	Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : 12/04/2021	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 6996S ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: LIU'S BROTHER	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	GBD 6996S : X ; SLZ 63P : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
23/04/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
10/05/2021	Pls refer to VIEWS for details.	**Documentation Check List: Handler Typist**	
		Notification ltr (if non-pickup)	
	*OI done private settlement	After call ltr to OI:	
		Authorisation To Act:	
	*OI paid TP claim & LKK Fee	Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice:	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **P/P** S$ **500.00** (**2** days) Reduction: **24** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/05/2021 Confirm with **Susan** Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ **500.00**		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ **160.00** ($ **80** x **2** days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]			
GIA/LTA Search	S$		
Medical:	S$	1) Claim status: ~~Normal/Rej~~ect/Private Settle	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**	
Legal Cost:	S$	3) Survey fee: **$320.00**	
Total:	S$ **660.00** **Global Sum S$: 650.00**	**OI paid LKK Fee)**	

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

Payee 1:	S$ **650.00**	Name 1: Liu's Brother Auto Engineering Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: