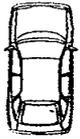


INS. CASE OWNER:

**ASSIGNMENT** CC4/ASM21005093/Kpa3

Surveyor: KENNETH DOI: 26/04/2021 Date / Time : 23/04/2021  
Registered in Merimen: \_\_\_\_\_

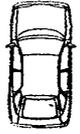
**Pre-assign / CCU / FTE**



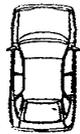
Insured Vehicle No. : SFC 2866T Claim No. : S1M038MG  
Name of Insured : LAU SUI LANG Policy No. : GA441223  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 19/04/2021 20:45 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) 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

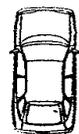
**SFN 7828M**



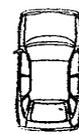
INSRS: \_\_\_\_\_  
WSP: **GUAN HIN**  
Tel : **MOTOR**  
Liability **WORKSHOP.**  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	<b>SFN 7828M - CS/MSG18004786/Kvbn2 ; 19.04.2021</b>	Non-Reporting ltr (1st):	
	<b>SFC 2866T - X</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<b>16/11/2021</b>	<b>Pls refer to VIEWS for details.</b>	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <b>L/sum</b>	S\$ <b>3,500.00</b> ( <b>5</b> days) Reduction: <b>69</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>16/11/2021</b> Confirm with <b>Guan Hin</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>80</b> (Agreed / Assessed) BOLA S/N No. : <b>15</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>3,500.00</b>	S\$ <b>2,800.00</b>		
Loss of Rental (LOR):	S\$ _____ ( _____ days)		
Loss of Use (LOU): <b>500.00</b>	S\$ <b>400.00</b> (\$ <b>100</b> x <b>5</b> 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 + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ <b>7.45</b>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private/Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format:	<b>TP</b>
Legal Cost	S\$ _____	3) Survey fee:	<b>\$350.00</b>
<b>Total:</b>	S\$ <b>3,207.45</b>	<b>Global Sum S\$: 3,200.00</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <b>3,200.00</b>	Name 1:	<b>GUAN HIN MOTOR WORKSHOP</b>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	