INS. CASE OWNER:	**CC4/AIG21005426/Krs3**	LKK:	IDAC:

ASSIGNMENT

Surveyor: **Kenneth** DOI: **05/05/2021** Date / Time : **04/05/2021**

Registered in Merimen: **04/05/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJS 1912T** Claim No. :

Name of Insured : **CHAN LEON CHI HONG** Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : **03/05/2021** 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**

GBB 2280K ⟶ ⟶ ⟶

INSRS: WSP: **BH AUTO** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	GBB 2280K : CC6/III21005001/Apa3 ; DOA : 19/04/2021	Non-Reporting ltr (1st):	
	SJS 1912T : CC3/AIG21004463/Atc ; DOA : 06/02/2021	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
01/10/2021	**PLEASE REFER TO VIEWS FOR DETAILS** **TP CONVERT TO OD**	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:	

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

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **L/SUM** S$ **3,200.00** (**4** days) Reduction: **64** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Cal ☐

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 + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: ~~Normal/Reject/Private Settle~~ **WP**
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **250.00**
Total:	**S$** Global Sum S$:	

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

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