

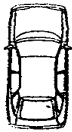
ASSIGNMENTSurveyor: AdrianDOI: 12/05/2021Date / Time : 11/05/2021Registered in Merimen: 11/05/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKN 6047Y
 Name of Insured : TAN CHIN SIANG JAMEISON
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 09/05/2021

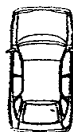
Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

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

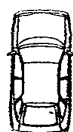
If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES NO ; TP GIA REPORT: ☒ YES NODriver Tel No. : _____ (V/L: ☒ YES NO)Insured Liability : _____ % **Final ? Yes / No**SKA 2206A

INSRS:
WSP: KT MOTORWERK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SKA 2206A : X		STAGE	DATE / PIC
	SKN 6047Y : CC4/AIG19002025/eb3XX ; DOA : 16/01/2019		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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/sum</u>	S\$ <u>3,400.00</u> (<u>5</u> days) Reduction: <u>67</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>19/11/2021</u> Confirm with <u>John</u>		Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>22</u>		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>3,400.00</u>			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ <u>300.00</u> (\$ <u>60</u> x <u>5</u> days)			
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ _____		1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____		3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>3,707.45</u> Global Sum S\$: <u>3,700.00</u>			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ <u>3,700.00</u> Name 1: <u>Kt Motorwerk</u>			
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____			