15/5/2010

INS. CASE OWNER:

CC4/AIG21006133/Apa3

LKK:

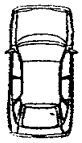
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 25/05/2021 Date / Time : 25/05/2021

Registered in Merimen: 25/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SCU 9818C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

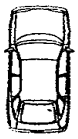
Excess Sec II :S$ D.O.A : 18/05/2021 14:55 Place of Accident : NEX SHOPPING CENTRE, SERANGOON LINK

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

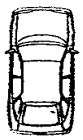
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

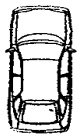
FBE 4149D →



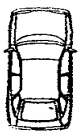
INSRS:
WSP: KIVILE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	FBE 4149D - X SCU 9818C - X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
16/11/2021	Pls refer to VIEWS for details.	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: L/sum	S$ 1,900.00 (4 days) Reduction: 51 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/11/2021	Confirm with Kivile	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,033.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 120.00 ($ 30 x 4 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: $320.00
Total:	**S$** 2,160.45	**Global Sum S$:** 2,150.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,150.00	Name 1: Kivile Enterprise	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	