LKK:
IDAC:

CC6/AIG21006694/Aga3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: **14/06//2021**   Date / Time : **14/06//2021**

Registered in Merimen: **15/06/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBE 8394K**	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **09/06/2021 16:45**	Place of Accident : **NEAR 11 SIMEI AVE, T JUNCTION SIMEI ST 1 & ST 3**
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**

SMT 3446P ➡   **GBE 8394K** ➡   **SJV 5082X** ➡

INSRS:	INSRS:	INSRS: **NEW ZEN WERKZ PTE LTD**	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: **OI**	RMKS: **TP**	RMKS:

Date/ Time	SJV 5082X - X GBE 8394K - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	TPV: MITSUBISHI LANCER - 1499cc	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

		Documentation Check List:	Handler	Typist
	CLAIMANT: FARISHA BINTE MOHAMED SIKANDAR	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/S**   S$ **$2,000.00** (**4** days) Reduction: **$2,674.00** % **57**   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: **14/01/2022**   Confirm with **CHRIS**   Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia : **0%**
Repair Cost:	S$ **2,140.00** W/GST	
Loss of Rental (LOR):	S$ **500.00** (**5** days) x **$100.00**	
Loss of Use (LOU):	S$ ($ x days)	C.C (OI 2ND)
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: **$320.00**
Total:	S$ **2,647.45** Global Sum S$: **2,600.00**	

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

Payee 1:	S$ **2,600.00**	Name 1:	**NEW ZEN WERKZ PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	