	LKK:
INS. CASE OWNER:	**CC4/AIG21007542/Kgs3**	IDAC:

ASSIGNMENT

Surveyor: **Kenneth**   DOI: **13/07/2021**   Date / Time : **12/07/2021**

Registered in Merimen: **12/07/2021**

Pre-assign / CCU / FTE

Insured Vehicle No.   : **GBF 2956Z**   Claim No.   : _____

Name of Insured   : NEW LINK AUTO TRADING PTE LTD   Policy No.   : _____

Insured Tel No.   : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : **10/07/2021**   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**

SKZ 6020K ⟶ _____   ⟶ _____   _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: LIM TAN	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			

SKZ 6020K : NA/AIG21007532/r3 ; DOA : 10/07/2021
GBF 2956Z : NA/AIG18001676/z4 ; DOA : 27/01/2018

STAGE	DATE / PIC
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: _____   Sent By: _____

FINALIZATION Date/Time: _____   Confirm with: _____   Confirm by: _____

Repair Cost: **L/S**   S$ **$3,350.00**   (**5** days) Reduction: **$3,315.43** % **50**   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **15/10/2021** Confirm with **MANDY**   Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **3,584.50** W/GST	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ **300.00** ($ **60** x **5** days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LC ☐ [**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: **$320.00**
Total:	S$ **3,891.95** **Global Sum S$:**	

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

Payee 1:	S$ **3,891.95**	Name 1:	**LIM TAN MOTOR PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	