15/5/2010

INS. CASE OWNER:

CS3/AIG21007574/Gra3q2-1

LKK:

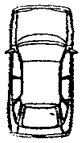
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 14/07/2021 Date / Time : 13/07/2021

Registered in Merimen: 13/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 3808L

Name of Insured : KNJ RENO CONTRACTS PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/07/2021 13:30

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

If **NO**, Driver Name / Age : ZHAO YANMIN

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : 2070129896

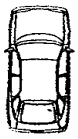
Make / Model : Toyota DYNA

Place of Accident : 60 Stevens Rd, Singapore 257854 ~~CARPARK~~

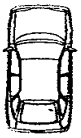
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

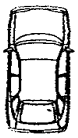
SKT 7411R → → →



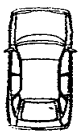
INSRS:
WSP: Kian Teong Auto Centre
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKT 7411R - X GBF 3808L - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
10/09/2021	PLEASE REFER TO VIEWS FOR DETAILS	Call OI:
	TP PAPER SURVEY	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/SUM S$ 6,900.00 (3 days) Reduction: 17 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
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 + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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: 150.00 TP paper survey
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	