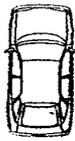|		
		LKK:
INS. CASE OWNER:	**CC4/AIG21009660/Kea3**	IDAC:

ASSIGNMENT

Surveyor: **KENNETH** DOI: **08/10/2021**   Date / Time : **15.09.2021**
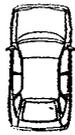
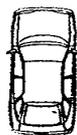Registered in Merimen: **15.09.2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLA 1100R**   Claim No. : **7990072661SG**

Name of Insured :   Policy No. : **2070036633**

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : **14.09.2021 14:07** 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**

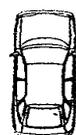**SKF 4663Z** ⟶ **SLA 1100R** ⟶ **SJA 7888K** ⟶

INSRS:	INSRS:		INSRS: **S&H**		INSRS:
WSP:	WSP:		WSP: **MOTOR**		WSP:
Tel :	Tel :		Tel : **PTE LTD**		Tel :
Liability :	Liability :		Liability :		Liability :
RMKS:	RMKS: **OI**		RMKS: **TP**		RMKS:

Date/ Time	SLA 7888K - X SJA 1100R - X	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:		☐

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: ☐ ☐

Others: ☐ ☐

FINALIZATION Date/Time: Confirm with: Confirm by: **KSC**

Repair Cost: **P/P** S$ **2,403.75** (**2** days) Reduction: **54** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **11.02.22** Confirm with **MS WONG** Email ☐ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia : **0%**	
Repair Cost: **w/GST**	S$ **2,572.01**	**3VEH CC OI 2ND**	
Loss of Rental (LOR):	S$ **300.00** (**2** days) **x $150**		
Loss of Use (LOU):	S$ **-** ($ x days)		
Loss of Income (LOI):	S$ **-** ($ x days)		
LOR only ✔ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ **2.00**		
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: **$320**	
Total:	**S$ 2,874.01** **Global Sum S$:**		

FINAL PAYMENT Date/Time: **11.02.22** Confirm with: **MS WONG** Email ☐ Call ☐

Payee 1:	S$ **2,874.01**	Name 1:	**S & H MOTOR PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	