		LKK:
INS. CASE OWNER:	~~CC4/AIG21009871/Grs3~~	IDAC:

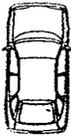**ASSIGNMENT**

Surveyor: **XGQ**   DOI: **20/10/2021**   CC4/AIG21009871/Gpa3
Date / Time : **21/09/2021**
Registered in Merimen: **21/09/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJX 249E**   Claim No. : **1276569946SG**
Name of Insured : TAN INN POH BERNARD (CHEN YINBAO BERNARD)   Policy No. : **1900112346**
Insured Tel No. :   HP: Make / Model :
Excess Sec II :S$ D.O.A : **17/09/2021**   Place of Accident :
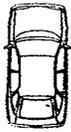Is driver the owner? (**YES** / NO)   Nature of Accident :
If **NO**, Driver Name / Age :   OI GIA REPORT: **YES**/ NO ; TP GIA REPORT: **YES**/ NO
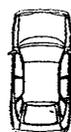Driver Tel No. :   (V/L: **YES**/ NO)   Insured Liability :   %   **Final ? Yes / No**

SKB 9627S ⟶

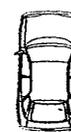| INSRS: WSP: **VIN'S MOTOR** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SKB 9627S : CC4/ASM17021000/Kpb3s2 ; DOA : 28/10/2017	
	SJX 249E : 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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: **L/sum**   S$ **2,150.00** (**5** days) Reduction: **55** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **02/06/2022** Confirm with: **Raymond**   Email ✓ Call ☐

		If NO or B 28, Ass. Lia :
Final Liability: % **50** (Agreed / Assessed) BOLA S/N No. : **19**		
Repair Cost: **2,300.50** S$ **1,150.25** **w/GST**		
Loss of Rental (LOR): S$ (days)		
Loss of Use (LOU): **360.00** S$ **180.00** ($ **60** x **6** days)		
Loss of Income (LOI): S$ ($ x days)		
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ [**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: **$320.00**
Total: S$ **1,332.25** **Global Sum S$:** **1,330.00**		

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

Payee 1:	S$ **1,330.00**	Name 1:	**VIN'S MOTOR PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	