15/5/2010

INS. CASE OWNER:

CC6/CTI21010415/Aba3

LKK:

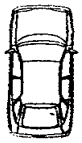
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 08/10/2021 Date / Time : 08/10/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 483M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

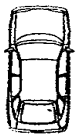
Excess Sec II :S$ D.O.A : 07/10/2021 11:18 Place of Accident :

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

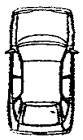
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

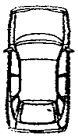
SGK 319R → → →



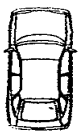
INSRS:
WSP: YSK AUTO
Tel : WORKSHOP
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SGK 319R - X		GBJ 483M - 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:
Repair Cost: L/SUM	S$ 5,300.00 (5 days) Reduction: 49 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/12/2021 Confirm with JANET		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,300.00		
Loss of Rental (LOR):	S$ 500.00 (5 days) x $100.00		
Loss of Use (LOU):	S$ 120.00 ($ 60 x 2 days)		
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: 400.00
Total:	**S$** 5,927.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,927.45	Name 1:	YSK AUTO WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	