LKK:

CC6/CTI21011421/Aea3
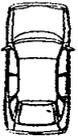
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **ADRIAN**　　DOI: **08/11/2021**　　Date / Time : **08/11/2021**

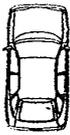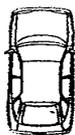Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLM 4217E**　　Claim No. :

Name of Insured :　　Policy No. :

Insured Tel No. :　　HP:　　Make / Model :

Excess Sec II :S$　　D.O.A : **06/11/2021 20:47**　　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

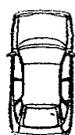Driver Tel No. :　　(V/L: YES / NO)　　Insured Liability : %　**Final ? Yes / No**

SMX 3051C ⟶ ⟶ ⟶

INSRS:	INSRS:		INSRS:	INSRS:
WSP: **R&CO**	WSP:		WSP:	WSP:
Tel : **MOTORWERKS**	Tel :		Tel :	Tel :
Liability: **LLP**	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time	SMX 3051C - X	STAGE	DATE / PIC
	SLM 4217E - CS/CTI19004057/Ksd3n2 ; 16.12.2018	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: **LWP**

Repair Cost: **L/S** S$ **5,300.00** (**6** days) Reduction: **70** %　　Email ☐ Call ☐

FINAL SETTLEMENT　Date/Time: **05.04.22**　Confirm with **RICHARD**　Email ☐ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27**　　If NO or B 28, Ass. Lia :

Repair Cost: S$ **5,300.00**　　**OID REAR ENDED TP**

Loss of Rental (LOR): S$ **600.00** (**6** days) **x $100**

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$ **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**

Total: S$ **5,907.45**　　**Global Sum S$:**

FINAL PAYMENT　Date/Time: **05.04.22**　Confirm with: **RICHARD**　Email ☐ Call ☐

Payee 1:	S$ **5,907.45**	Name 1:	**R&CO MOTORWERKS LLP**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	