15/5/2010

INS. CASE OWNER: CC6/AIG21012528/Uga3

LKK:

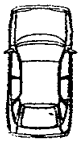
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 10/12/2021 Date / Time : 10/12/2021

Registered in Merimen: 10/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 4235K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

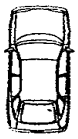
Excess Sec II :S$ D.O.A : 08-12-21 Place of Accident : RIVER VALLEY RD

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

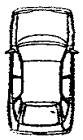
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

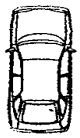
SLZ 9498J → → →



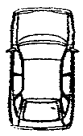
INSRS:
WSP: TK MOTOR
Tel : WORKSHOP
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLZ 9498J - X SLU 4235K - CS/FCI19001718/Asd3n2 ; 21/01/2019 NA/AIG19001569/h4 ; 21/01/2019 NA/AIG21001096/h4 ; 20/01/2021	**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:
	CLAIMANT - DRIVING NETWORK	**Documentation Check List:** **Handler** **Typist** Notification ltr (if non-pickup) ☐ ☐
		After call ltr to OI: ☐ ☐
	TPV: HONDA SHUTTLE - 1496cc	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/S	S$ 5800.00 (6 days) Reduction: 7273.60 % 56		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/03/2022 Confirm with KEONG		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,800.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 640.00 ($ 80 x 8 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: $320.00
Total:	**S$** 6,440.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 6,440.00	Name 1: TK MOTOR WORKSHOP	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	