LKK:
IDAC:

INS. CASE OWNER:

CC6/CTI22000786/Apa3

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: **21/01/2022**   Date / Time : **21/01/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **PC 4539G**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : **20/01/2022 13:50**   Place of Accident : **BEDOK NORTH ROAD**

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**

SJL 8885D → → →

INSRS: **ADVANCE**	INSRS:	INSRS:	INSRS:
WSP: **AUTO**	WSP:	WSP:	WSP:
Tel : **GARAGE**	Tel :	Tel :	Tel :
Liability	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJL 8885D NA/CTI22000758/m4; 20/01/2022	Non-Reporting ltr (1st):	
	PC 4539G NA/TMI22000768/m4; 20/01/2022	Non-Reporting ltr (2nd):	
	- NA/INC19015515/z4 ; 25.08.2019	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$ **5,000.00** (**5** days) Reduction: **57** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **29/07/2022** Confirm with: **Xavier**   Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **15**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **5,000.00**	
Loss of Rental (LOR):	S$ **700.00** (**7** 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: **$400.00**
Total:	S$ **5,707.45** **Global Sum S$:** **5,700.00**	

FINAL PAYMENT Date/Time: _____   Confirm with: _____   Email ☑ Call ☐

Payee 1:	S$ **5,700.00**	Name 1:	**Advance Auto Garage**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	