		LKK:
INS. CASE OWNER:	**CC6/CTI22001060/Aps3**	IDAC:

ASSIGNMENT

Surveyor: **Adrian**   DOI: 26/01/2022   Date / Time : 04/02/2022

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBJ 5827Y**   Claim No. :

Name of Insured : CHENG HENG PAPER PRODUCTS CO (PTE) LTD   Policy No. :

Insured Tel No. :   HP: Make / Model :

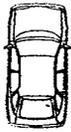**Excess Sec II :S$**   D.O.A : 24/01/2022   Place of Accident :

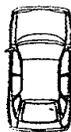Is driver the owner? (YES / **NO**)   Nature of Accident :

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

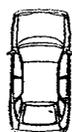Driver Tel No. :   (V/L: **YES** / NO)   Insured Liability : %   **Final ? Yes / No**

SMA 2534D ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : KT MOTORWERK	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

SMA 2534D : NA/AIG22000876/r3 ; DOA : 24/01/2022
GBJ 5827Y :

Date/ Time		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$ **6,500.00** (**6** days) Reduction: **60** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 22/12/2022 Confirm with **John**   Email ✓ Cal ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **6,500.00**	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ **360.00** ($ **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$ **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: **$400.00**
Total:	S$ **6,867.45** Global Sum S$: **6,860.00**	

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

Payee 1:	S$ **6,860.00**	Name 1:	**KT MOTORWERK**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	