15/5/2010

INS. CASE OWNER:

CC4/AIG22002535/Rga3

LKK:

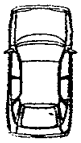
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 18/04/2022 Date / Time : 18/03/2022

Registered in Merimen: 18/03/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 9247J

Name of Insured : ANDREW ANG DUN YU

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/03/2022 11:45

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : 1700043792

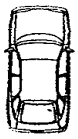
Make / Model : KIA CERATO

Place of Accident : WEST COAST ROAD NEXT TO JAPANESE SCHOOL

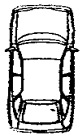
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

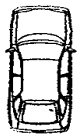
SKF 7454R → → →



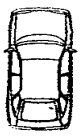
INSRS:
WSP: C&C KIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SKF 7454R - X SLR 9247J - X		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 :	☐ ☐
	CLAIMANT - JAMAL BIN IDI AHMAD		Medical Bill:	☐ ☐
			PIR:	☐ ☐
	TPV: KIA CERATO - 1591cc		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: LIMIT	S$ 2000.00 (4 days) Reduction: 2466.00	% 55	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/08/2022	Confirm with AITING	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,140.00 W/GST		
Loss of Rental (LOR):	S$ 535.00 (5 days) x $107.00 W/GST		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$		
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: $320.00
Total:	**S$** 2,675.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,675.00	Name 1: CYCLE & CARRIAGE KIA PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	