

ASSIGNMENT

Surveyor:

ADRIAN

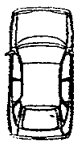
DOI:

19/04/2022

Date / Time :

19/04/2022

Registered in Merimen:

20/04/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SKK 3344A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 14/04/2022 14:00

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

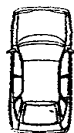
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

UNKNOWNSJT 7344MSKK 3344ASMK 5398H -> SKL 86JINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:OIINSRS:
WSP:
Tel :
Liability :
RMKS:KANG CAR
TP

Date/ Time		STAGE	DATE / PIC
	<u>SMK 5398H - NA/TMI19012907/r3 ; 20.07.2019</u>	Non-Reporting ltr (1st):	
	<u>SKK 3344A - CC3/AIG14018705/Rwy3q2 ; 30.09.14</u>	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:
Repair Cost: <u>P/P</u>	S\$ <u>13,944.55</u> (<u>11</u> days) Reduction: <u>28</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>24/04/2023</u> Confirm with <u>SHARON</u>		Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>0</u>
Repair Cost: <u>7% GST</u>	S\$ <u>14,920.67</u>		
Loss of Rental (LOR): <u>7% GST</u>	S\$ <u>1,284.00</u> (<u>12</u> 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\$ <u>2.00</u>		
Medical:	S\$		1) Claim status: Normal/Reject/Private Sec'd
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>16,206.67</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>16,206.67</u>	Name 1:	<u>Kang Car Repairers Pte Ltd</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	