| INS. CASE OWNER: | KHONG Lynn | CC4/ASM22004162/Uga3 | LKK: | |
|---|---|---|---|---|
| | | | IDAC: | 259777 |

## ASSIGNMENT

Surveyor: **MARCUS**  DOI: 06/05/2022  Date / Time : **5/5/22**

Registered in Merimen: _____

**Pre-assign / CCU / FTE**
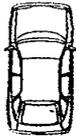
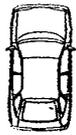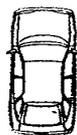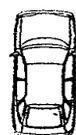| | | | | |
|---|---|---|---|---|
| Insured Vehicle No. | : **SLB 1306J** | Claim No. | : | **S2M03ZYV** |
| Name of Insured | : **NG KIM YONG** | Policy No. | : | **GA453999** |
| Insured Tel No. | : _____ HP: _____ | Make / Model | : | _____ |
| **Excess Sec II :S$** | _____ D.O.A : **30/04/2022 12:00** | Place of Accident | : | **Sengkang W Way, Singapore** |

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**

**GY 4098C** ————▶ _____ ————▶ _____ ————▶ _____ ————▶

| INSRS: **Tick Hai Motor** | INSRS: | INSRS: | INSRS: |
|---|---|---|---|
| WSP: **And Welding** | WSP: | WSP: | WSP: |
| Tel : **Services** | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | GY 4098C - X  SLB 1306J - X | 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: | ☐ | ☐ |
| 02/06/2022 | TP PASS LAWYER HANDLE. SUBMIT WP. | LTA / GIA : | ☐ | ☐ |
| | | Medical Bill: | ☐ | ☐ |
| | | PIR: | ☐ | ☐ |
| | | Mandate/Reject Instruction: | ☐ | ☐ |
| | | LOD | ☐ | ☐ |
| | | Payment Breakdown Form: | | ☐ |

**PRELIMINARY ADVICE** Date/Time: _____ Sent By: _____

| | Handler | Typist |
|---|---|---|
| Post-Repair Photos: | ☐ | ☐ |
| Others: | ☐ | ☐ |

**FINALIZATION** Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **LS**  S$ **10,000.00** ( **13** days) Reduction: **$5,498.11**% **35**  Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: _____ Confirm with _____ Email ☐ Call ☐

| | | |
|---|---|---|
| Final Liability: | % **NA** (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ | |
| Loss of Rental (LOR): | S$ ( days) | |
| 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: **WP** |
| Legal Cost | S$ | 3) Survey fee: **$200.00** |
| **Total:** | **S$** **Global Sum S$:** | |

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

| | | |
|---|---|---|
| Payee 1: | S$ | Name 1: |
| Payee 2: (Strike if N.A.) | S$ | Name 2: |
| Payee 3: (Strike if N.A.) | S$ | Name 3: |