				LKK:	
INS. CASE OWNER:	ONG Kian Theng Derick	CC4/ASM22004222/Upa3		IDAC:	259829

ASSIGNMENT

Surveyor: **MARCUS**   DOI: **6/5/22**   Date / Time : **6/5/22**

Registered in Merimen: _____

Pre-assign / CCU / FTE

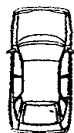|		
Insured Vehicle No. : **YL 7669R**	Claim No. :	**S2M03WFJ**
Name of Insured : **PEC LTD**	Policy No. :	**P2312149**
Insured Tel No. : HP:	Make / Model :	
Excess Sec II :S$ D.O.A : **19/03/2022 07:45**	Place of Accident :	**Jurong Island Hwy, Singapore & SERAYA AVE JUNCT**
Is driver the owner? (YES / NO) Nature of Accident :		
If **NO**, Driver Name / Age : **KANNAN KATHIRAVAN**	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. : (V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**	

AP 60E ———→ _____ ———→ _____ ———→ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **EROFIA MOTOR TRADING PTE LTD**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	AP 60E - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	*HSBC LAWYER WRITE IN REQUEST LKK REPORT	Call OI:	
	*SUBMIT TOTAL LOSS TO HSBC	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:		

*NO DS. LAWYER CASE

PRELIMINARY ADVICE Date/Time:	Sent By:

FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %	Email ☐ Call ☐

FINAL SETTLEMENT Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability: % (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~~ /WP
Disbursement: S$ (e.g. Tow/ Independent)		2) Report Format: TOTAL LOSS
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:	