15/5/2010

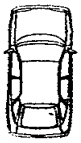
INS. CASE OWNER: KHONG LYNN | CS/ASM21010494/Kea3e2-1 | LKK: IDAC: 232312

ASSIGNMENT

Surveyor: SKG 4593L DOI: 15/10/2021 Date / Time : 12/10/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 4593L Claim No. : S1M03JR7

Name of Insured : Policy No. : GA494611

Insured Tel No. : HP: Make / Model :

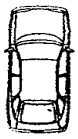
Excess Sec II :S$ D.O.A : 11/10/2021 Place of Accident :

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

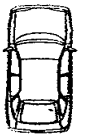
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

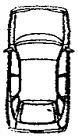
SLA 5860D → → →



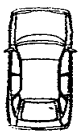
INSRS:
WSP: AUTOWORX
Tel : HOUSE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 1,300.00 (3 days) Reduction: 79 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27.05.22	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 1,300.00	3VEH CC OI 2ND	
Loss of Rental (LOR): w/GST	S$ 428.00 (4 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$ 2.00		
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: $350 - $150 = $200
Total:	**S$** 1,730.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 27.05.22	Confirm with:	Email ☐ Call ☐	
Payee 1:	S$ 1,730.00	Name 1:	AUTOWORX HOUSE	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		