

ASSIGNMENTSurveyor: **ADRIAN**DOI: **14/06/2022**Date / Time : **10/06/2022**Registered in Merimen: **15/06/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKX 799Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **05.06.2022 13:15**

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****SGX 327Z**INSRS:
WSP: **KAI MOTOR**
Tel : **TRADING**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Stage Created By DATE / PIC
SGX 327Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date CC3/AIG11020378/Aqin 21/12/2011 SGX 327Z 22/09/2011 23/12/2011 SSC	Non-Reporting ltr (1st): Non-Reporting ltr (Final): Non-Reporting 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: ☐ ☐ Post-Repair Photos: ☐ ☐ Others: ☐ ☐
SKX 799Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date NA/AIG15022323/h4 30/12/2015 TAN JUNJIE SKX 799Y SGG 8084K 29/12/2015 06/01/2016 LSH NA/AIG18002225/h4 05/02/2018 TAN JUNJIE (CHEN JUNJIE) SKX 799Y SLE 7309X 02/02/2018 12/02/2018 LSH NA/AIG19007802/z4 03/05/2019 TAN JUNJIE (CHEN JUNJIE) SKX 799Y UNKNOWN 02/05/2019 15/05/2019 HZT	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM	\$S 750.00 (3 days) Reduction: 81 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 22/12/2022 Confirm with KYM Email ☒ Call ☐		
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 802.50	\$S 401.25 W/GST	
Loss of Rental (LOR): 320.00	\$S 160.00 (4 days) X \$80	
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 7.45	
Medical:	\$S	1) Claim status: Normal/Reject/Private Settlement
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$S	3) Survey fee: \$320.00
Total:	\$S 568.70 Global Sum \$S: 560.00	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$S 560.00 Name 1: KAI MOTOR TRADING	
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S Name 3:	