		LKK:
INS. CASE OWNER:	**CC6/CTI22007506/Upa3**	IDAC:

ASSIGNMENT

Surveyor: **MARCUS** DOI: **05/08/2022** Date / Time : **05/08/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GZ 5360H**		Claim No. : _____
Name of Insured : _____		Policy No. : _____
Insured Tel No. : _____ HP: _____		Make / Model : _____
Excess Sec II :S$ _____ D.O.A : **04/08/2022**		Place of Accident : _____

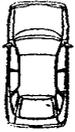Is driver the owner? (YES / NO) Nature of Accident : _____

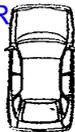If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

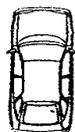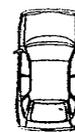Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ___ % **Final ? Yes / No**

YQ 1799L ⟶ _____ ⟶ _____ ⟶ _____

INSRS: **LIU'S BROTHER AUTO ENGINEERING WORKSHOP**	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	YQ 1799L - X	Non-Reporting ltr (1st):	
	GZ 5360H - CC4/III22001835/Eea3 ; 23.02.2022	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: **L/SUM** S$ **4,000.00** (**4** days) Reduction: **62** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **30/10/2022** Confirm with **Susan** Email ✓ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **22**	If NO or B 28, Ass. Lia :
Repair Cost: S$ **4,000.00**	
Loss of Rental (LOR): S$ ___ (days)	
Loss of Use (LOU): S$ **500.00** ($ **100** x **5** 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$ **139.10** (e.g. [Tow]/ Independent)	2) Report Format: **TP**
Legal Cost S$	3) Survey fee: **$400.00**
Total: S$ **4,641.10** Global Sum S$: **4,640.00**	

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

Payee 1: S$ **4,640.00**	Name 1:	**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	