

ASSIGNMENTSurveyor: **Kenneth**

DOI: _____

Date / Time : **08/08/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XE 1513U**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **04.08.2022 13:08**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

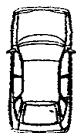
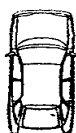
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SLT 4069DINSRS: **KGC**
WSP: **WORKSHOP**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLT 4069D - X		
	XE 1513U - CC4/LPC22004542/Aga3 ; 6.5.22		
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/SUM	S\$ 7,000.00 (6 days) Reduction: 43 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 22/12/2022 Confirm with Poh Kin	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 7,490.00		
Loss of Rental (LOR) w/GST	S\$ 535.00 (5 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: \$400.00	
Total:	S\$ 8,027.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 8,027.00	Name 1:	KGC WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	