			LKK:
INS. CASE OWNER:	ANG YVONNE	CC4/ASM22009001/Apa3	IDAC: 281896

ASSIGNMENT

Surveyor:	ADRIAN	DOI: 13.09.2022	Date / Time : 13.09.2022
			Registered in Merimen: —

Pre-assign / CCU / FTE
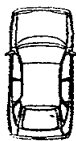
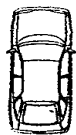| Insured Vehicle No.	: SBW 1888D	Claim No.	: S2M04AVP
Name of Insured	: GOH CHAI SENG	Policy No.	: GA501650
Insured Tel No.	: HP:	Make / Model	: Toyota HARRIER
Excess Sec II :S$	D.O.A : 12/09/2022 12:45	Place of Accident :	CENTRAL BOULEVARD
Is driver the owner?	(YES / NO) Nature of Accident :		

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

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

SMX 8554K →   →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: XIN HUA	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
SMX 8554K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
	NA/CTI21005102/h4 26/04/2021 MIOW YAO YONG SMX 8554K SMX 3408H 23/04/2021 28/04/2021 LSH	Non-Reporting ltr (2nd):	
	NM/CTI22009072/Ar3 15/09/2022 MIOW SEONG YAO SMX 8554K SBW 1888D 12/09/2022 RBW	Non-Reporting ltr (Final):	
SBW 1888D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Notification ltr (if non-pickup):	
	NM/CTI22009072/Ar3 15/09/2022 MIOW SEONG YAO SMX 8554K SBW 1888D 12/09/2022 RBW	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: 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
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
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: