	CC6/CTI22012624/Aya3q2	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: **ADRIAN** DOI: **13/12/2022** Date / Time : **13/12/2022**

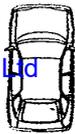Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBD 3734B** Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **12.12.2022** 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**

GBE 7422U →

INSRS:	INSRS:		INSRS:		INSRS:
WSP: **T K Lee**	WSP:		WSP:		WSP:
Tel : **Automotive Pte Ltd**	Tel :		Tel :		Tel :
Liability :	Liability :		Liability :		Liability :
RMKS:	RMKS:		RMKS:		RMKS:

Date/ Time

GBE 7422U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date
CC4/AIG16016754/Dwg3q2 19/05/2017 SBU 456J GBE 7422U 03/06/2016 24/05/2017 SH1

GBD 3734B - X

	STAGE	Created By	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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: ____ Sent By: ____

FINALIZATION Date/Time: ____ Confirm with: ____ Confirm by: ____

Repair Cost: **L/Sum** S$ **6,500.00** (**6** days) Reduction: **53** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **07/03/2023** Confirm with: **Xue Ting** Email ✔ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ **6,500.00**		
Loss of Rental (LOR):	S$ **720.00** (**6** days) **@$120**		
Loss of Use (LOU):	S$ ($ 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 Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **$400**
Total:	S$ **7,227.45** Global Sum S$:	

FINAL PAYMENT Date/Time: ____ Confirm with: ____ Email ✔ Call ☐

Payee 1:	S$ **7,227.45**	Name 1:	**T K LEE AUTOMOTIVE PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	