15/5/2010

INS. CASE OWNER: ANG Yvonne | CC4/ASM22012802/pa3 | LKK:
IDAC: 297165

ASSIGNMENT

Surveyor: ____________ DOI: ____________ Date / Time : 21.12.2022

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1282K		Claim No. :	S2M04GVY
Name of Insured :		Policy No. :	P2465679
Insured Tel No. :	HP:	Make / Model :	Hyundai Ae ioniq
Excess Sec II :S$	D.O.A : 20/12/2022 07:45	Place of Accident :	AYE, Singapore
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**

SLU 4659X ⟶ ______ ⟶ ______ ⟶ ______

INSRS: WSP: KAH MOTOR Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
SLU 4659X - X	
SHC 1282K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS3/ASM22009025/Rvy3e2 03/10/2022 YP 8779D SHC 1282K 26/08/2022 03/10/2022 RAP

STAGE	**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: P/P	S$ 13,278.07 (9 days)	Reduction: 28 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/03/2023	Confirm with DESMOND	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 7% GST	S$ 14,207.53		
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: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 14,207.53	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 14,207.53	Name 1: KAH MOTOR CO SDN BERHAD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	