15/5/2010

INS. CASE OWNER:

CC6/CTI23000721/Aya3q2

LKK:

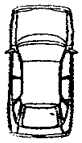
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 10/01/2023 Date / Time : 10/01/2023

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 4881D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

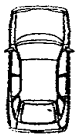
Excess Sec II :S$ D.O.A : 08/01/2023 12:30 Place of Accident :

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

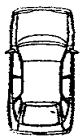
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

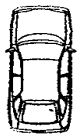
SLL 2565T → → →



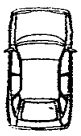
INSRS:
WSP: KT
Tel : MOTORWERK
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SLL 2565T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	NBA/CTI23000233/Y 09/01/2023 ANG JINGXUAN SMQ 4881D SLL 2565T 08/01/2023 17/01/2023 RBA	
SMQ 4881D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	NBA/CTI23000233/Y 09/01/2023 ANG JINGXUAN SMQ 4881D SLL 2565T 08/01/2023 17/01/2023 RBA	

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: L/Sum	S$ 16,000.00 (12 days)	Reduction: 51 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/06/2023	Confirm with John	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28 (Ass.100%)	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 16,000.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 720.00 ($ 60 x 12 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 26.75		
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: $400
Total:	**S$** 16,746.75	**Global Sum S$:** 16,700.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑	Call ☐
Payee 1:	S$ 16,700.00	Name 1:	KT MOTORWERK	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		