		LKK:
INS. CASE OWNER:	**CC4/AIS23001036/pa3**	IDAC:

ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time : 01.02.2023

Registered in Merimen: 01.02.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : YN 5716R. _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____   D.O.A : 20.01.2023 11:10   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**

SDV 6161R ⟶ _____ ⟶ _____   _____ ⟶ _____

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

Date/ Time	
SDV 6161R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG12000333/Kpb3w2 26/12/2013 SHD 5625Z SDV 6161R 01/01/2012 02/01/2014 TCT
	NA/CTI19004264/z4 08/03/2019 QUEK WEI WEE JESSTERN SDV 6161R FW 4646T 07/03/2019 12/03/2019 HZT
	NA/INC08024632/Ap1 06/09/2008 QUEK NGEY HUAT SDV 6161R SFY 9339L 06/09/2008 05/10/2008 SR
YN 5716R - X	

DATE / PIC

	DATE / PIC
Reporting ltr (1st):	
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:	☐	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
		Others:	☐	☐

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:		