

INS. CASE OWNER:

CC6/CTI23001942/Aya3q2

IDAC:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **13/02/2023**Date / Time : **13/02/2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKG 276D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **11/02/2023 23:00**Place of Accident : **PIE EXIT 11 SLIP ROAD**

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****SMM 1946S**INSRS:
WSP:
Tel :
Liability :
RMKS:**KT
MOTORWERK**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Reported By	DATE / PIC
SMM 1946S	NA/CTI23001540/d4 13/02/2023 MEILIAN TI SMM 1946S SKG 276D 11/02/2023 17/02/2023	Non-Reporting ltr (1st):	
SKG 276D	CC4/ASM21000792/Aps3q2 10/12/2021 SKG 276D SHA 7679X 14/01/2021 14/12/2021	Non-Reporting ltr (2nd):	
	NA/CTI21000728/r3 15/01/2021 XU ZHIPING SKG 276D SHA 7679X 14/01/2021 26/02/2021	Non-Reporting ltr (Final):	
	NA/CTI21000756/r3 10/03/2021 XU ZHIPING SKG 276D SLG 6039Y 28/02/2021 25/03/2021	Notification ltr (if non-pickup):	
	NA/CTI23001540/d4 13/02/2023 MEILIAN TI SMM 1946S SKG 276D 11/02/2023 17/02/2023	Call out	
		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\$ 7,800.00 (7 days) Reduction: 71 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 16/06/2023 Confirm with John	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 7,800.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 480.00 (\$ 60 x 8 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 Settlement	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$400	
Total:	S\$ 8,306.75 Global Sum S\$: 8,250.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 8,250.00 Name 1: KT MOTORWERK		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		