LKK:
IDAC:

INS. CASE OWNER:

CC6/AIG23002247/Aya3

ASSIGNMENT

Surveyor: **ADRIAN** DOI: 27/02/2023

Date / Time : 27/02/2023

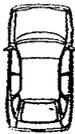Registered in Merimen: 02.03.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJL 9669E**
Name of Insured :
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 25.02.2023 11:05
Is driver the owner? (YES / NO) Nature of Accident :
If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

Claim No. :
Policy No. :
Make / Model :
Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SJL 6916L →

INSRS: **Kang Car Repairers Pte Ltd** WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

SJL 6916L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC6/AIG10024404/Ujf2q2 28/12/2010 SJL 6916L SJV 4552M 28/11/2010 30/12/2010 KWS

SJL 9669E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CS/CTI20003615/Evf3n2 31/03/2020 SJL 9669E SJL 7178T 02/03/2020 31/03/2020 LST

	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: 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: