

INS. CASE OWNER:

CD/AIG24120189/Kpa3q2(N)

IDAC:

ASSIGNMENT

Surveyor:

KennethDOI: **16/12/2024**

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SGY9590P**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **10/12/2024**

Place of Accident : _____

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

If **NO**, Driver Name / Age :

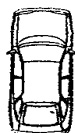
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SMA1798R**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	S\$ 2,000.00	(4 days) Reduction: 76	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/12/2025	Confirm with CALVIN	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,000.00			
Loss of Rental (LOR):	S\$ 300.00	(3 days)	X \$100.00	
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\$			
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Partial/No Settlement XXXXXXX		
Legal Cost	S\$	2) Report Format: TP		
Total:	S\$ 2,300.00	Global Sum S\$:	3) Survey fee: \$370.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 2,300.00	Name 1:	Tropical Tech Automobile Services	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		