	LKK:
CS3/III15009859/Gpa3d1-1	IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **Guo Qiang** DOI: 15/06/2015   Date / Time : 15/06/2015

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 3853A**

Name of Insured :

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ D.O.A : 11/06/2015

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**

FBF 5009M →   →   _____ →   _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
10/11/2020	Pls refer to Views for details.	Call OI:	
		After call ltr to OI:	
ᐯᨠ	***No response from TP/ No Development**	Documentation Check List: Handler Typist	
	*To Cancel Ref/Case	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: _____

Confirm by: _____   Email [ ] Call [ ]

FINALIZATION	Date/Time:	Confirm with:		
Repair Cost:	S$ (days) Reduction:	____ %	Email [ ]	Call [ ]

FINAL SETTLEMENT	Date/Time:	Confirm with	If NO or B 28, Ass. Lia :
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	S$		**Cancel Ref**
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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$		
Total:	**S$**	**Global Sum S$:**	Email [ ] Call [ ]

FINAL PAYMENT	Date/Time:	Confirm with:	
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	