LKK:

IDAC:

CC4/LCR18006514/Dpa3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **Bryan**   DOI: 09/04/2018   Date / Time : 09/04/2018

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLD 7190A**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ ___   D.O.A : 01/04/2018   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**

SKS 43X ⟶ ⟶ ⟶ _____

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):	
21/05/2020	Pls refer to Views for details.	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
	*Reject 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:	

Reject Case
By (staff) : Haào Tong
Approved by : Yu
Date : 06-05-20

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

FINALIZATION   Date/Time: ___   Confirm with: ___   Confirm by: ___

Repair Cost: **L/sum**   S$ **12,000.00** (**6** days) Reduction: **59** %   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: TP	
Legal Cost	S$		3) Survey fee: $320.00	
Total:	S$	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:	