13/5/20..

INS. CASE OWNER: R. Ang. | CC 4, ASM 180 10497, AGK03 | LKK: | IDAC: 50259

ASSIGNMENT

Surveyor: wp DOI: 11.6.18 Date / Time : 6/6/2018

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKM7251Y	Claim No. :	58MOOJ12
Name of Insured :	Lee Lai Cai Amy	Policy No. :	GA1274061/1
Insured Tel No. :	HP: 90609357	Make / Model :	M-BENZ C200
Excess Sec II :S$	D.O.A : 9/6/18	Place of Accident :	PIE

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**

GBD 5969C → SKM7251Y → GZ3692M →

INSRS:	INSRS:	INSRS: Chris 67474454.	INSRS:
WSP:	WSP:	WSP: Unified Sj.	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability : –	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time	
19/6 NV	GZ3692M } SKM7251Y } MK/WC180 10772/V3 ; DOA 4/6/18
	- CAN DO D/G
09/10/18 @10:09AM	- INTERNET DOWN
	- CALL OI. NO RESPONSE.
10/10/18 @ 2:24PM	- SPOKE TO OI. SHE CONFIRMED ACCIDENT DETAILS & WAS INVOLVED IN A 3 VEH.C.C. & WAS THE 2ND CAR. INFORMED TP CLAIM & UICF. AGREED TO SETTLE & AWARE NCD LOSSES. SEND LETTER & CLAIM TO OI.

STAGE	**DATE / PIC**	
Non-Reporting ltr (1st):		
Non-Reporting ltr (2nd):		
Non-Reporting ltr (Final):		
Notification ltr (if non-pickup):		
Call OI:	10/10/18 - UIC	
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: YS S$ 2850.00. (4 days) Reduction: 2806.12 % 50. Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 28	If NO or B 28, Ass. Lia : 0%. (3 VEH.C.C. ; OI 2ND CAR)
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: wp
Legal Cost	S$	3) Survey fee: $250/-
Total:	**S$ 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:	