15/5/2010

INS. CASE OWNER: | CC ~~4/AIG~~ 4/UR 1801 0853, A j63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian | DOI: 14/6/18 | Date / Time: 13/6/18

Registered in Merimen: 14/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 2617J.		Claim No. :	0984MV4556
Name of Insured : UR		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 8/6/18	Place of Accident :	LTE TWDS SLE
Is driver the owner? (YES / (NO))	Nature of Accident :		
If **NO**, Driver Name / Age : RAHMAN BIN SARMANI		OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

SFE 508E → ______ → ______ → ______

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

Date/ Time		
18/6/18	SFE 508E – X SLF 2617J – Y	
Joy.	OI HIT TP FROM REAR.	
27-7-18	COR FINALIZED	DOA: 8-6 25M
30-10-18	MARKED EST RECEIVED	9 26 T
	FROM ADRIAN.	10 27 W
30-10-18	FOR MANDATE	11
		12
3-12-18	RETURNED BY TYPIST. DOI	13
		14 T
		15 F
		16 Js
		17 Js
		18 M
		19 T
		20 W
		21 T
		22 F
		23

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JOY 20-6-18
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:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ ~~9,000~~		
Loss of Rental (LOR):	S$ –	(days) ~~100~~	16 INSTRUCTION WIP
Loss of Use (LOU):	S$ –	(S x days)	
Loss of Income (LOI):	S$	(S x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ ~~7.45~~		
Medical:	S$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –		3) Survey fee: ~~320~~ 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:	

COPY SENT WIM