15/5/2010

INS. CASE OWNER: CC 4 /AIG1801 0962 / khb e

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 14/6/18

Registered in Merimen: 18/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJL 1703S — Claim No. : 0141574756

Name of Insured : AHMAD BIN IBRAHIM. — Policy No. : 700177455-08

Insured Tel No. : _____ HP: _____ — Make / Model : TOYOTA

Excess Sec II :S$ _____ D.O.A : 11/6/18 — Place of Accident : JOHOR CUSTOM checkpoint

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

If **NO**, Driver Name / Age : AMIRI BOSTAMEMA BINTE AHMAD — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO) — Insured Liability : _____ % **Final ? Yes / No**

SEL 4087H → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: cheong HOP	RMKS:	RMKS:	RMKS:

Date/ Time	
20/6/18 VIC	SEL4087H-X SJL1703S-X
19/07/18 @ 10:08AM	- SPOKE TO OID. CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE & AWAITS NCD ISSUES. SEND LETTER & EMAIL TO OI.
	- EMAIL LIABILITY CLEAR
20.09.19	KIV CANCLE CASE / NO SURVEY DONE.
Y	

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:	19/07/18 - VIC

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$			COID REAR-ENDED TP)
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 + LO ☐ [**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:
Legal Cost	S$			3) Survey fee:
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:		