15/5/2010

INS. CASE OWNER: CC 3 /AIG1801 3222, uhb

LKK:
IDAC:

ASSIGNMENT

Surveyor: ____________ DOI: ____________ Date / Time : 20/7/18

Registered in Merimen: 20/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SFM 8300S			Claim No. :	4344517171150
Name of Insured : LOW SWEE TIENG (LIM RUIXIN)			Policy No. :	71004705 4-01
Insured Tel No. :	HP: 96904402		Make / Model :	BMW
Excess Sec II :S$	D.O.A : 19/7/18		Place of Accident :	ILLMARLEY ST AFTER CITIBANK
Is driver the owner? (YES / NO)	Nature of Accident :			
If **NO**, Driver Name / Age : LIM EDDIE			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)		Insured Liability : %	**Final ? Yes / No**

SKT 7455P → ____________ → ____________ → ____________

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

Date/ Time		
24/7/18	SKT7455P - x SFM 8300S - x	
TTH		
	No survey done. cancle case.	
	OI friend informed LKK private settlement was done with TP.	
	To cancel file. [signature] 17/9/18.	

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:	

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:	% (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$ (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$		
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:	