15/5/2010

INS. CASE OWNER: ___ CC 4/AIG1801 ꞏ 2600 , A W63 ___

LKK:

IDAC:

ASSIGNMENT

Surveyor: **Adrian** DOI: _____ Date / Time: ___ 26/7/18 ___

Registered in Merimen: ___ 26/7/18 ___

Pre-assign / CCU / FTE

Insured Vehicle No. : **SFW 49T**

Name of Insured :

Insured Tel No. : HP: _____

Excess Sec II :S$ D.O.A : ___ 24/7/18 ___

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

Claim No. :

Policy No. :

Make / Model :

Place 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**

SLV 3487L →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **United**	WSP:	WSP:	WSP:
Tel : **SM**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLV 3487L 7W/ 4PWW 4573/ 24 DOAIW/7/18	Non-Reporting ltr (1st):	
	SFW 49T	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: LWP	
Repair Cost:	S$ (**6** days) Reduction: %		Email	Call

FINAL SETTLEMENT	Date/Time:	Confirm with	Email	Cal
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 + 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: TP/WP/DAR	
Legal Cost:	S$		3) Survey fee: $180	
Total:	S$ **Global Sum S$:**			

FINAL PAYMENT	Date/Time:	Confirm with:	Email	Cal
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		