15/5/2015

INS. CASE OWNER: CC 6 / AIG 180 17/02 / 203

LKK:

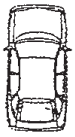
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: 19/9/18

Registered / Merimen: 19/9/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 392R

Name of Insured : Ung Unge Lim Paddy

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 18/09/18

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

If NO, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

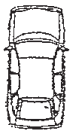
Make / Model : _____

Place of Accident : Ang Ave 6 cp Mer B'LK 721

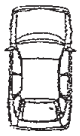
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

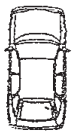
SGY 6848S → _____ → _____ → _____



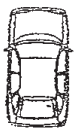
INSRS:
WSP: Jim Ang
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
28/11 Ashew	~~SGY 6848S - MS INCL Ko Ling Auto Assum 3rd party 27/8/14~~
	SJP 392R - X
28/11	O/NR. Sent out 1st letter.
19.12.18	OI REPORTED. NE SURVEY
05/11/19	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	28.11.18
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$	($ 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:
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:	