15/5/2010

INS. CASE OWNER: CC 3 LK /AIG1802 1173 / 2063

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 7/11/18

Registered in Merimen: 7/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLE 8246G

Name of Insured : LCR

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 7/11/18

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : OW YEONG YEONG HONG

Driver Tel No. :

Claim No. : 45461176785G

Policy No. : AHAA4705G

Make / Model : HONDA

Place of Accident : HOUGANG ST 61 up

Nature of Accident : _____

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

Insured Liability : % **Final ? Yes / No**

SLN 4065X → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : premium	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLN 4065X - X SLE 8246G - X
27/11/18 JOY	
	CLOSED IN MERIMEN
19-06-19	CANCEL NO SURVEY.
Y	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JOY 28-11-18
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. : 22	If NO or B 28. Ass. Lia :
Repair Cost:	S$			
Loss of Rental (LOR):	S$	(days)		OID COLLIDED W/
Loss of Use (LOU):	S$	(S x days)		PARKED TPV
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:
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:		