

INS. CASE OWNER:

Lynne Khoo cc 4, Asm 1900 1355, Jfa3

LKK: 94291 IDAC:

ASSIGNMENT

Surveyor:

OHJ

DOI:

21/1/2019

Date / Time :

21/1/2019

Registered in Meimien:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLL 1969T

Claim No. :

59m01A0J

Name of Insured :

Susanto ng aryan

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

15/1/2019

Place of Accident :

Is driver the owner? (YES / NO)

Nature 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

SAC 475NB



INSRS:

WSP:

Tel :

Liability :

RMKS:

5mpt.m



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SAC 475NB - call 1800 1800 1800 : 16/1/18
SAC 475NB - call 1800 1800 1800 : 18/1/18
SAC 475NB - call 1800 1800 1800 : 18/1/18
SLL 1969T x

AI video uploaded on 5mpt.m

- Pending investigation. to stopped in the middle to pick up passenger. to reject lot. deny injury.

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)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by: Email Call

FINALIZATION Date/Time: Confirm with: Confirm by: 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\$ (days) Reduction: %

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\$

Disbursement: S\$ (e.g. Tow/Independent)

Legal Cost S\$

Total: S\$ Global Sum S\$: 1) Claim status: Normal/Reject/Private Settle

2) Report Format: 3) Survey fee:

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:

