		LKK:
INS. CASE OWNER:	CC4/LPC19002686/pb3	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **13/02/2019**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBB 9837J** Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **10/02/2019** 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**

SLA 2643J ➡ _____ _____ ➡ _____ _____ ➡ _____

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

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
23/04/2020	Pls refer to Views for details.	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
24/04/20	*No Survey Done	Documentation Check List: Handler Typist	
	*To cancel case	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: ☐	

PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐

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:	