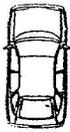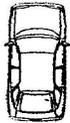|	LKK:
INS. CASE OWNER:	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

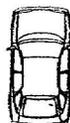**Pre-assign / CCU / FTE**

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : _____   Place of Accident : _____

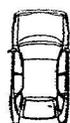Is driver the owner?   (YES / NO)   Nature of Accident : _____

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**
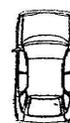

INSRS: → INSRS: → INSRS: → INSRS:
WSP: WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability : Liability : Liability : Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time			

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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:		

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

FINALIZATION	Date/Time:	Confirm with:	Confirm by: **ADRIAN**

Repair Cost:	L/S	S$ 4300.00	(4 days)	Reduction: 13,532.50 % 76	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 13/04/2020	Confirm with JING YEE	Email ✓ Call ☐

Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 19	If NO or B 28, Ass. Lia :
Repair Cost: $4300	S$ 2150.00		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU): $350.00	S$ 175.00	($ 50 x 7 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: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 2325.00	**Global Sum S$:** 2320.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call ☐
Payee 1:	S$ 2320.00	Name 1:	HUA MENG SPRAY PAINTING WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	