INS. CASE OWNER: Ins Gen | CC 4, Asm 1900 5575, RIRA3 | LKK: IDAC: 107049

Surveyor: RAsm

ASSIGNMENT

DOI: 29/03/19 Date / Time : 28/3/2019

Pre-assign / CCU / FTE Registered in Merimen: –

Insured Vehicle No. : PC 6938A "VIRTUAL"

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO) D.O.A : 28/03/2019

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. : Sgm01I9k

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

(V/L: YES / NO)

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

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

XE 16645 →

INSRS:
WSP: Singhay
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	XE 16645 - X ; PC 6938A - X

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:		
Post-Repair Photos:		
Others:		

RELIMINARY ADVICE Date/Time: Sent By:

INALIZATION Date/Time: Confirm with: Confirm by:

epair Cost: S$ (days) Reduction: % Email Call

INAL SETTLEMENT Date/Time: Confirm with Email Call

nal Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
pair Cost:	S$	
ss of Rental (LOR):	S$ (days)	
ss of Use (LOU):	S$ ($ x days)	
ss of Income (LOI):	S$ ($ x days)	
R only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
A/LTA Search	S$	
dical:	S$	
bursement:	S$	1) Claim status: Normal/Reject/Private Settle
al Cost	S$ (e.g. Tow/ Independent)	2) Report Format:
al:	S$ **Global Sum S$:**	3) Survey fee:

IAL PAYMENT Date/Time: Confirm with: Email Call

ee 1:	S$	Name 1:	
ee 2: (Strike if N.A.)	S$	Name 2:	
ee 3: (Strike if N.A.)	S$	Name 3:	