IDAC:

Surveyor: _____ **ASSIGNMENT** DOI: _____ Date / Time : 8/4/19

Pre-assign / CCU / FTE Registered in Merimen: 8/4/19

Insured Vehicle No. : SHC 3685T

Name of Insured : CTPL

Insured Tel No. : _____ HP: _____ Claim No. : _____

Excess Sec II :S$ _____ D.O.A : 5/4/19 Policy No. : _____

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

If NO, Driver Name / Age : _____ Place of Accident : _____

Driver Tel No. : _____ (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

GBG 4660H Insured Liability : _____ % **Final ? Yes / No**

INSRS: WSP: K Fm Hm Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBG 4660H - X ; SHC 3685T - X
15/8	OID making 3 point turn and reversing and collided into TP vehicle
	policy savvy
22/08/2020	10 DAYS NOTICE TO TP
08/09/2020	TILL DATE NO FURTHER DEVELOPMENT. CANCEL CASE. MR YEW TO SIGN. *** NO SURVEY DONE ***

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:		

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: % (Ag cessed) BOLA S/N No. : If NO or B 28, Ass. Lia : OI knocked 3 point turn hit into TP

Repair Cost: S$

Loss of Rental (LOR): S$ (

Loss of Use (LOU): S$ ($ x d

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/ Ind) 2) Report Format:

Legal Cost S$ 3) Survey fee:

Total: S$ al 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$