

INS. CASE OWNER:

CC 4 /AIG1900

8414 / 863

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLN 1768X

Claim No.:

411881468256

Name of Insured:

HEE YAN KIAN

Policy No.:

700608M-02

Insured Tel No.:

HP:

Make / Model:

KNO1

Excess Sec II :\$

D.O.A.:

20/4/19

Place of Accident:

Mn of FIRST a SECOND ST

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

GBC 2455

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:UM  
TanINSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time

19/7/19

GBC 2455 - 2

SLN 1768X - 1

\* Tan Lim -> TP no longer with Tan Lim  
OI want to do private settlement.

\* Informed OI that TP withdrawn claim

13-01-20

TO CLOSE FILE, NO SURVEY DONE

13/1/2020  
Chandra

File pass to mk to close

## 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: / e-mail

19/7/19

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:

S\$

(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 + LOU

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(OI REVERSE 4 HIT TPVEA)  
\* NO survey.