

INS. CASE OWNER:

Wong Peter

cc 4 / Asm 1900

8614

Uha3

LKK:

IDAC:

116031

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

INSRS:

WSP:

Tel:

Liability:

RMKS:

Lin Bro.

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P1P

S\$ 3,057.35 (4 days) Reduction: 54 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 24

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 3,057.35

Loss of Rental (LOR):

S\$ (days)

Loss of Use (LOU):

S\$ 480 (\$ 80 x 6 days)

Loss of Income (LOI):

S\$ (\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 2. x 1

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$380.00

Total:

S\$ 3,539.35

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 3,539.35

Name 1:

LIM BROTHER AUTO ENGINEERING WORKSHOP

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: