INS. CASE OWNER: | CC 3 /AIG1900 9104 , T2 Xiling | LKK: IDAC:

ASSIGNMENT

Surveyor: Tanfilih · DOI: 30/5/19 · Date / Time : 22/5/19

Registered in Merimen: 23/5/19

Pre-assign / CCU / FTE

Insured Vehicle No. : GX 4667R · Claim No. : 8505 6424256

Name of Insured : CHEW KIM SENG ROASTED MEAT · Policy No. :

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

Excess Sec II :S$ D.O.A : 19/5/19 · Place of Accident :

Is driver the owner? (YES / NO) [NO circled] · Nature of Accident :

If **NO**, Driver Name / Age : · OI GIA REPORT: YES [circled] / NO ; TP GIA REPORT: YES [circled] / NO

Driver Tel No. : (V/L: YES [circled] / NO) · Insured Liability : % · **Final ? Yes / No**

SMG 2887D → ______ → ______ → ______

INSRS: WSP: Tel : Liability : RMKS: Volkswagen	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMG 2887D – X GX 4667R – X
	– NO OI GIA SENT OUT 1ST LETTER.
10/6	1st RA → $2.54
15/7	2nd RA → $2.54
18/11/19	– FILE PASS TO LSP TO CLOSE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	07/06/2019
Non-Reporting ltr (2nd):	12/07/2019
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:	% 50 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ CONFLICTING VERSION	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ (S x days)	COPY SENT 18/11/19
Loss of Income (LOI):	S$ (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: WP
Legal Cost	S$	3) Survey fee: $290
Total:	**S$** **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: