| INS. CASE OWNER: | CC 4 / 804 1900 4565 / WUS | IDAC: |
|---|---|---|

## ASSIGNMENT

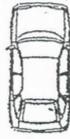| | | |
|---|---|---|
| Surveyor: _____ | DOI: _____ | Date / Time : 29/05/2019 |
| | | Registered in Merimen: _____ |

**Pre-assign / CCU / FTE**

| | | |
|---|---|---|
| Insured Vehicle No. : GBB5732D | | Claim No. : OM19H001529-JT |
| Name of Insured : TEC ROVOX ENG. PTL | Policy No. : _____ |
| Insured Tel No. : _____  HP: _____ | Make / Model : _____ |
| **Excess Sec II :S$** _____  D.O.A: 25/05/19 | Place of Accident : _____ |
| Is driver the owner? ( YES / NO ) | Nature of Accident : _____ |

If **NO**, Driver Name / Age : _____          OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

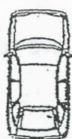Driver Tel No. : _____   (V/L: YES / NO )      Insured Liability : _____ %   **Final ? Yes / No**

SKS 1144 G
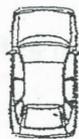
| INSRS: | INSRS: | INSRS: | INSRS: |
|---|---|---|---|
| WSP: Wramer. | WSP: | WSP: | WSP: |
| Tel : | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | | SKS1144G- X ; GBB5732D - X |
|---|---|---|
| | | |
| 31/5/19 | Email to wkshop liability unclear. | |
| 24-10-19 | TO CANCEL. NO SURVEY DONE. | |
| | 4 | |

| STAGE | DATE / PIC |
|---|---|
| Non-Reporting ltr (1st): | |
| Non-Reporting ltr (2nd): | |
| Non-Reporting ltr (Final): | |
| Notification ltr (if non-pickup): | |
| Call OI: | 31/5/19 |
| After call ltr to OI: | VIVI01 |

| 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: | % (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 + 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: |
| Legal Cost | S$ | 3) Survey fee: |
| 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: | |