(S-515)

15/5/2010

INS. CASE OWNER: | CC 6 /AIG1900 10028 / 46b3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus   DOI: 14/6/19.   Date / Time : 7/6/19

Registered in Merimen: 7/6/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SJU 3636S.   Claim No. : 838ANL445456

Name of Insured : YEW YEE LHONG.   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 16/5/19.   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**

SLJ 8777U. → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: JA Autocare	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLJ8777U – X SJU3636S – X
	– NO OI GIA, SENT OUT 1ST LETTER.
5/7	1ST RA → $2.54
11/11/19	– FILE PASS TO CSP TO CLOSE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	11/06/2019
Non-Reporting ltr (2nd):	04/07/2019
Non-Reporting ltr (Final):	01/08/2019
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:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	COPY SENT 7/11/19
Loss of Use (LOU):	S$ (S x days)	
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: $250
Total:	**S$** **Global Sum S$:**	4) AR: $2.54

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: