15/5/2010

INS. CASE OWNER: CC4/III1901 0569 / KIWB3.

LKK: WP Report.
IDAC:

ASSIGNMENT

Surveyor: ~~Rasut~~ DOI: Date / Time : 14/6/19

Registered in Merimen: 14/6/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 3846g.

Name of Insured : AIK LEE INDUSTRIES. SUPPLY DIL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 29/5/19.

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : POH KHOON LAI

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : DTPMCV10000401

Make / Model : MITSUBISHI

Place of Accident : JLN TOH PAYOH

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

Insured Liability : % **Final ? Yes / No**

GBH 4745S. → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Efficient	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBH4745S – ✓ GBB3846g – ✓
5/7/19	Seek mandate 50% - conflicting versions
9/7/19	emailed to workshop (Ida. unclear) Pend reply from w/s to see if they want to arrange survey.
22/7/19	Sent email W/S req. survey, emailed to assign'd team.

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: AWK

Repair Cost: P/P S$ 1,008.45 (2 days) Reduction: 54 % 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$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [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: TP/WP
Legal Cost	S$	3) Survey fee: $250
Total:	**S$**	**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:	