INS. CASE OWNER:		CC6/QBE19014328/	ka3	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: **16/8/2019**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLJ 9624X** Claim No. : _____

Name of Insured : **JOANNE HO LI HUA** Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : **CHEVROLET MALIBU 2.4L AUTO**

Excess Sec II :S$ _____ D.O.A : **15/08/2019 07:10** Place of Accident : **UPP THOMSON FLYOVER NEAR L/P: 279**

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

If **NO**, Driver Name / Age : **HO PENG SOON** OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. : **+65-90885584** (V/L: YES / NO) Insured Liability : ____ % **Final ? Yes / No**

SKC 3476U →	**SLJ 9624X** →		**SLB 9666S** →	_____
INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: **OI**		INSRS: WSP: **Modern** Tel : Liability : RMKS: **TP**	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SLB 9666S - X SLJ 9624X - NA/QBE19014253/z4 ; DOA:15/8/19	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
8/9/2020	TP WITHDRAWN CLAIM. NO SURVEY	After call ltr to OI:	
khanchna		**Documentation Check List: Handler Typist**	
08-09-20 Yu	TO CANCEL NO SURVEY.	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

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/ :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		TP WITHDRAWN CLAIM. NO SURVEY
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ d		
LOR only ☐ LOU only ☐ LOR + LOU ☐	**[Tick only one]**		
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	Tow/ Independent)	2) Report Format: -
Legal Cost	S$		3) Survey fee: -
Total:	S$	Global Sum	
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:	