

INS. CASE OWNER:

JAS TAN

CC4/ASM19014887/R1ga3

LKK:

IDAC: 132991

ASSIGNMENT

Surveyor:

RASUL

DOI: 27/08/2019

Date / Time : 23/08/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 3468G

Name of Insured : MS CARZ LEASING PTE LTD

Insured Tel No. : 6219 3827 HP: _____

Excess Sec II : S\$

D.O.A : 23/08/2019 08:55

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : TAN MEE LEE

Driver Tel No. : +65-87882981

(V/L: YES / NO)

Claim No. : S9M01Y57

Policy No. : P2187312

Make / Model : TOYOTA VIOS-1.5 E GRADE (A)

Place of Accident : SLE (TPE) BEFORE MERCHANT ROAD

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

Insured Liability : % Final ? Yes / No

SKV 5590J

INSRS:
WSP: SHU FATT
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKV 5590J - X	SLC 3468G - X	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:	Send 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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:		
		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:		

