

INS. CASE OWNER:

TAN Jas
6568804844

CC4/ASM19015108/ pa3

LKK:

IDAC: 133904

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 27/08/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJT 1527S**
 Name of Insured : **SULAIMAN BIN MOHD YUSOF**
 Insured Tel No. : HP: **97891969**
Excess Sec II :S\$ D.O.A : **17/08/19 17:30**
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : **S9M01YH6**
 Policy No. : **GA036201**
 Make / Model : **TOYOTA ALPHARD 2.4**
 Place of Accident : **ALONG ZION COL OPEN PLACE CARPA**

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: **YES** NOInsured Liability : % **Final ? Yes / No**

SKN 5098G



INSRS:
WSP: **CITY AUTO**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	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:	☐ ☐

SKN 5098G - X SJT 1527S - X

OINR. To send out first letter. File pass to Su Li.

In comment, both parties agreed to settle privately.

11/12/19

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost:	S\$ (days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐	
Repair Cost:	S\$	If NO or B 28, Ass. Lia :	
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:	
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	