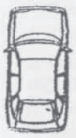
INS. CASE OWNER: CHAN KIAN MENG | CC3/AIG19015531/ da3 | IDAC: 26/9

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 3/9/19

Registered in Merimen: 3/9/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJF 6717B

Name of Insured : BS CAR RENTAL PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 29/08/2019 19:30

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

If **NO**, Driver Name / Age : MUHAMMAD IRFAN BIN RHYMIE

Driver Tel No. : +65-90053096 (V/L: YES / NO)

Claim No. : 5813929596SG

Policy No. : 0999994153

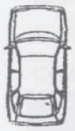
Make / Model : TOYOTA AXIO

Place of Accident : NEWTON FLYEROVER TOWARDS BUKIT TIMAH

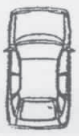
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

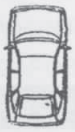
SKS 3578A → _____ → _____ → _____



INSRS:
WSP: Performance Motors
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJF 6717B - NA/AIG19005879/k4; DOA:1/4/19
	SKS 3578A - X
5/9/19 -	OINR sent out first letter.
8/10/19 -	Insured not yet reported. File pass to Jia Le to follow up.
17-01-20	TO CANCEL NO SURVEY DONE.
17/1/2020	FILE PASS to Hmle -

STAGE	DATE / PIC
Non-Reporting ltr (1st):	19/9/19
Non-Reporting ltr (2nd):	26/9/19
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:

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$	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$:**	4) RA fee: $25 4X2

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:	