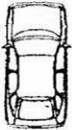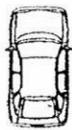|	LKK:
CC6/LPC19015975/ ka3	IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **09/09/2019**

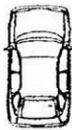Registered in Merimen: **09/09/2019**

Pre-assign / CCU / FTE

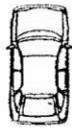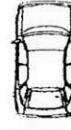|		
Insured Vehicle No. :	**YN 3653B**	Claim No. : **19/19/19/VC05/022342**
Name of Insured :	**SENG HONG CO PTE LTD**	Policy No. : **Z19VC05002950**
Insured Tel No. :	HP:	Make / Model : **ISUZU FRR90SUQA-C**
Excess Sec II :S$	D.O.A : **05/09/2019** 11:10	Place of Accident : **BLK 84 BEDOK NORTH ST 4 OPEN CAR PARK**
Is driver the owner?	(YES / NO) Nature of Accident : _____	
If **NO**, Driver Name / Age :	**LOO LIAN HOCK**	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. :	**+65-91465530** (V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**

SKC 5476G ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **HOCK WAH**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	YN 3653B - X SKC 5476G - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
12/11/2020	NO SURVEY. NO BILL. EMAIL SENT TO LONPAC	Non-Reporting ltr (Final):	
KHANCHNA		Notification ltr (if non-pickup):	
		Call OI:	
12-11-20	TO CLOSE FILE NO survey done	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: _____ Email ☐ Call ☐

Repair Cost: S$ _____ (days) Reduction: _____ %

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x day)	
Loss of Income (LOI):	S$ ($ x)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ L__ ☐ [Tick only one]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Independent)	2) Report Format: -
Legal Cost	S$	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: