

INS. CASE OWNER:

Bernard Ler

CC6/AIG19016907/Aka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 24/09/2019

Date / Time : 24/09/2019

Registered in Merimen: 26/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJR 288Z

Claim No. : 1027864025SG

Name of Insured : KELVIN CHEONG KAH WING

Policy No. :

Insured Tel No. : HP: +65-98772777

Make / Model : VOLVO V40-T4 (A)

Excess Sec II : S\$

D.O.A : 22/09/2019 15:30

Place of Accident : 17A TELOK BLANGAH CRESCENT

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMD 9600J

INSRS:
WSP: GREEN FOREST
Tel: AUTOMOBILE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SMD 9600J - 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | | | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: Sent By: | | | | |
| FINALIZATION Date/Time: Confirm with: Confirm by: | | | | |
| Repair Cost: | S\$ | (days) Reduction: | % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/> | | | | |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [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 <input type="checkbox"/> Call <input type="checkbox"/> | | | | |
| Payee 1: | S\$ | Name 1: | | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | |

