		LKK:
INS. CASE OWNER:	**CC4/EQI19017002/pa3**	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **24/09/2019**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.　:　**SBV 9688S**　　　　Claim No.　:　_____

Name of Insured　:　_____　　Policy No.　:　_____

Insured Tel No.　:　_____ HP: _____　Make / Model　:　_____

Excess Sec II :S$　_____　D.O.A : **24/09/2019**　Place of Accident : _____

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**

GBF 7140C ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
22/04/2020	Pls refer to Views for details.	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler　Typist	
	*No Survey Done	Notification ltr (if non-pickup)	
	*To cancel case	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

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$:**	

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:	