(Surwerne - 10/.

15/5/2010

INS. CASE OWNER: SALIHA | CC 4/AIG1901 7171 / b63 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time: 30/9/19

Registered in Merimen: 30/9/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 8263A

Claim No. : 7737576694469

Name of Insured : DAIMLER FLEET MANAGEMENT

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A.: 24/9/19.

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : KYAW KYAW NAING

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SKW 2351Y.

INSRS: WSP: Alan Tel: Liability: United RMKS:

INSRS: WSP: Tel: Liability: RMKS:

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INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SKW2351Y - X GBF8263A - X
	- TP SCENE PHOTOS IN.
	- OINR.
19/11/19	OI GIA Report in.
17/11/19	- FILE REVIEWED. OD REAR-ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD LOSS. - EMAIL LIABILITY CLEAR
09/11/2020	no survey done / tp withdraw claim cancel case.
02/12/20	TO CANCEL. NO SURVEY DONE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	11/10/19
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	17/11/19 - OIC

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:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : COND REAR-ENDED TP)
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 + LOI ☐ 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: $ 2.54

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$	Payee 1:
Payee 2: (Strike if N.A.)	S$	Payee 2:
Payee 3: (Strike if N.A.)	S$	Payee 3: