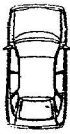|	LKK:
INS. CASE OWNER:	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

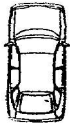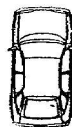**Excess Sec II :S$** _____ D.O.A : _____   Place of Accident : _____

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**

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):	
		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:		☐

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

FINALIZATION   Date/Time: Confirm with: Confirm by:

Repair Cost: **L/S**   S$ 2900.00 (5 days) Reduction: 5282.10 % 65   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/05/2020 Confirm with JAMILAH   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 3103.00 (W/GST)	
Loss of Rental (LOR):	S$ 454.75 (5 days) x $90.95 (W/GST)	C.C (OI 2ND)
Loss of Use (LOU):	S$ ($ 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: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ 3557.75 **Global Sum S$:**	

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

Payee 1:	S$ 3557.75	Name 1: HITACHI CAPITAL ASIA PACIFIC PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: