

15/09/2019

CC6/III19018346/Ugb3

LKK:  
IDAC:

INS. CASE OWNER:

**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 : 12/10/2019

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

SKZ 4892Z

INSRS:  
WSP: CHOO MOTOR  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
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
21/08/2020	REJECTION EMAIL TO TP (TP VIDEO SHOW NO COLLISION)	
	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:	
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____ Confirm by: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Repair Cost: L/S	S\$ 2560.00 ( 3 days) Reduction: 3406.50 % 57	
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ ( days)	
Loss of Rental (LOR):	S\$ (\$ x 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\$	1) Claim status: Normal/Reject/Private Settle
Medical:	S\$ (e.g. Tow/ Independent )	2) Report Format: REJECT
Disbursement:	S\$	3) Survey fee: \$250.00
Legal Cost:	S\$	
Total:	S\$ Global Sum S\$: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____		
Payee 1:	S\$ Name 1: _____	
Payee 2: (Strike if N.A.)	S\$ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ Name 3: _____	

Reject Case

By (staff) :  
Approved by :  
Date : 08/09/20