15/5/2010

INS. CASE OWNER: CC 4/AIG1901 8515, KKB

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 18/10/19

Registered in Merimen: 21/10/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU 4024P.

Name of Insured : DOWNTOWN TRAVEL SERVICES PTE

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 17/10/19.

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

If **NO**, Driver Name / Age : QUEK YUEN KIAT.

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

Claim No. : 9117114980969

Policy No. : 100836580.

Make / Model : SUBARU.

Place of Accident : SENGKANG WEST RD

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

Insured Liability : % **Final ? Yes / No**

SLQ 7415E → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Cheng Hoe	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLQ 7415E → SKU4024P →
15/11/2020 Khanthe	NO survey : TP not claiming, spoken to Sharon & Cheng Hoe).
18-11-20	TO CANCEL NO SURVEY DONE.
4	

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:	11/19 Bundil only

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:	% 50	(Agreed / Assessed) BOLA S/N No. : 18	If NO or B 28, Ass. Lia :
Repair Cost:	S$		MERGING LANE
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	& No survey. TP not claiming.
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:	