

INS. CASE OWNER:

CC4/III19020838/ pa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **22.11.2019**Registered in Merimen: **25.11.2019****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 7866G**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **18/11/2019 07:15**Place of Accident : **IMM CARPARK ENTRANCE**

Is driver the owner? (YES / NO)

Nature of Accident : _____

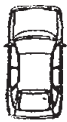
If NO, Driver Name / Age :

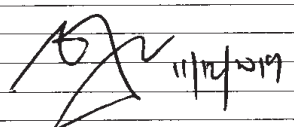
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SJL 658X**INSRS:
WSP: **AVANTAGE**
Tel : **VAG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJL 658X - NA/INC09017740/s1; DOA: 10.8.09	Non-Reporting ltr (1st):	
	GBH 7866G - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	Dear Sirs,	Notification ltr (if non-pickup):	
		Call OI:	
	With no evidence or video footage, we are unable to comment on liability at the moment.	After call ltr to OI:	
	Best Regards, Gabriel Wee	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
27 Nov 2019 09:09	Clin Cancelled Towed Out: TP has now gotten solicitors to act on his behalf. [I] Gabriel Wee		
05/12/19	To cancel, no survey done. 		

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	() days	Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <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\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$			2) Report Format:
Total:		S\$	Global Sum S\$:	3) Survey fee:
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		