

INS. CASE OWNER:

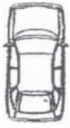
CC3/CTI19021006/Kda3

LKK:

IDAC:

ASSIGNMENTSurveyor: **KENNETH**DOI: **26.11.2019**Date / Time : **26.11.2019**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBH 3736A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : **25.11.2019 14:55**Place of Accident : **SERANGOON ROAD**

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

SHD 9180MINSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
	SHD 9180M - CC3/AXA14007557/K1sy3u2;DOA: 20.4.14		
	- NA/EQ112016154/e1 ; DOA: 18.8.12		
	GBH 3736A - X		
	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: KSC
Repair Cost: P/P S\$ 5,044.65 (2 days) Reduction: 88 %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with		Email ☐ Call ☐
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$			1) Claim status: Normal Reject/Private Settlement
Disbursement: S\$	(e.g. Tow/ Independent)		2) Report Format: TP/WP
Legal Cost S\$			3) Survey fee: \$350
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:		