INS. CASE OWNER: | CC 4/111190 YH74 / gb7 | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/11/20

Registered in Merimen: 17/11/20.

Pre-assign / CCU / FTE

Insured Vehicle No. : SHO 3114H. | Claim No. : _____

Name of Insured : LTPL | Policy No. : MLOM2004

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

Excess See II :S$ _____ D.O.A : 6/11/20. | Place of Accident : B4 SHTO ST 2nnd

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

If NO, Driver Name / Age : LHEW GHOYIMT KEVVIN | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % Final ? Yes / No

GJ 2137A → _____ → _____ → _____

INSRS:
WSP: Sng
Tel : bh
Liability : TPL
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	4 [illegible]
	SHO 3114H [illegible]
30/12	- Req AVE from OI & TP.
7/1/20	- OI AVE in (pending waiving approval) ✓
9/1/20	- 50/50 email send TP
26/08/2020	10 DAYS NOTICE EMAIL TO TP
08/09/2020	NO SURVEY DONE, MR YEW TO SIGN. CANCEL CASE

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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction:

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability: % (Est / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: S$ days)

Loss of Rental (LOR): S$ ys)

Loss of Use (LOU): S$ ($ x

Loss of Income (LOI): S$ ($ x [Tick only one]

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR +

GIA/LTA Search S$ 1) Claim status: Normal/Reject/Private Settle

Medical: S$ (e.g. pendent) 2) Report Format:

Disbursement: S$ 3) Survey fee:

Legal Cost S$

Total: S$ obal Sum S$: Email ☐ Call ☐

FINAL PAYMENT 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: