

INS. CASE OWNER:

LOH Cynthia
6568804843

CC4/ASM19022516/T1ga3

LKK:

IDAC:

152664

ASSIGNMENT

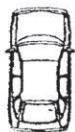
Surveyor: TAUFIKH

DOI: 20/12/2019

Date / Time : 20/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SGV 2527KClaim No. : S9M02ASDName of Insured : WANG DUOPolicy No. : GA141496Insured Tel No. : _____ HP: 93655092Make / Model : TOYOTA RUSH 1.5Excess Sec II :S\$ _____ D.O.A : 18/12/2019 19:30Place of Accident : LOWER KENT RIDGE RD ABOUT EXITING TO NHH

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

If NO, Driver Name / Age : _____

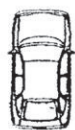
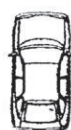
OI GIA REPORT: YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SMJ 4022D

INSRS:
WSP: Glockewerke
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMJ 4022D - X	SGV 2527K - X	STAGE	DATE / PIC
8/1/2020	OINR. To send out first letter. File pass to Su Li.		Non-Reporting ltr (1st):	30/1/2020
			Non-Reporting ltr (2nd):	10/2/2020
			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:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction:	%	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 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:		

TCM/AI