15/5/2010

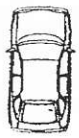
INS. CASE OWNER: Gerald Poh. | CC4/LPC20000554/Fda3sr | LKK: IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 07/01/2020 Date / Time : 07/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJQ 6849X Claim No. : 19/20/20/VP05/022873

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

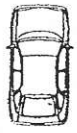
Excess Sec II :S$ D.O.A : 06/01/2020 Place of Accident : PIE TO ECP

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

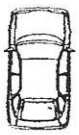
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHA 3647P → → →

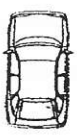


INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJQ 6849X - CS/AIG16019137/Ggbn2; DOA: 07/10/16	Non-Reporting ltr (1st):	
	SHA 3647P - CC3/FCI16014876/Kgbc2; DOA: 08/08/16	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
17/3/2020	FILE PASS TO HMLK TO CLOSE	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	* OI and TP settled privately and send the form to LPC. We only survey the vehicle.	**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)		COPY SENT
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: WI
Legal Cost	S$		3) Survey fee: $250
Total:	**S$**	**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:	