

15/5/2010

INS. CASE OWNER:

Lee Ming Yao

CC4/AIG20002292/T1da3

LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKH

DOI: 10/02/2020

Date / Time: 10/02/2020

Registered in Merimen: 10/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 3354E

Name of Insured : CHNG YEONG SIONG

Insured Tel No. : HP: D.O.A : 06/02/2020 21:05

Excess Sec II :S\$

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 3031078923SG

Policy No. : 1900078928

Make / Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)

Place of Accident : TAMPINES AVE 1 TWDS TAMPINES AVE 5

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

Insured Liability : % Final ? Yes / No

SML 3598E

INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLZ 3354E	Non-Reporting ltr (1st):	
SML 3598E	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:
FINALIZATION Date/Time:	Confirm with:	Email ☐ Call ☐
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with	If NO or B 28, Ass. Lia :
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
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\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$	(e.g. Tow/ Independent)	2) Report Format:
Disbursement: S\$		3) Survey fee:
Legal Cost S\$		
Total: S\$	Global 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:	

