15/5/2010

INS. CASE OWNER: NG Stacey 6568804351 | CC4/ASM20002703/Upa3 | LKK: IDAC: 160936

ASSIGNMENT

Surveyor: MAPping DOI: 18/2/2020 Date / Time : 17/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SMN 7098U Claim No. : S0M02GIO

Name of Insured : MS CARZ LEASING PTE. LTD. Policy No. : P2329630

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/02/2020 Place of Accident :

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

SLN 6657A → → →

INSRS: WSP: FASTECH Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SLN 6657A - X SMN 7098U - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	2/4/2020
20/2/2020 -	O/NR. do and lf letter.	Non-Reporting ltr (2nd):	12/4/2020
8/6/2020 -	✓ OI GIA Rec'd	Non-Reporting ltr (Final):	28/5/2020
		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:		