15/5/2010

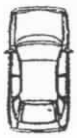
INS. CASE OWNER: CHAN KIAN MENG | CC4/AIG20002897/Kha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 18/02/2020

Registered in Merimen: 19/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 6695S Claim No. : 3883248110SG

Name of Insured : TAN LAY SEE Policy No. : 1800020283

Insured Tel No. : HP: Make / Model : SUBARU XV-2.0 I-S EYESIGHT AWD CVT (A)

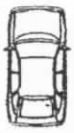
Excess Sec II :S$ D.O.A : 13/02/2020 11:55 Place of Accident : JOO CHIAT ROAD

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

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

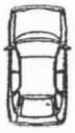
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJT 5522D → → →



INSRS:
WSP: LIAN HER
Tel : MOTORS
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJT 5522D - CS3/INC14002567/Yb; DOA : 03.02.14	**STAGE**	**DATE / PIC**
	SLW 6695S - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
***	PENDING SURVEYOR'S ASSIGNMENT	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:	