

15/3/2019

INS. CASE OWNER:

CC6 / ALA 20063958 11da 3

I.KK:

IDAC:

## ASSIGNMENT

Surveyor:

Adrian

DOI:

11/03/2020

Date / Time:

11/03/2020

Registered in Merimen:

13/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 5465C

Claim No. :

Name of Insured : Yang Huiqin

Policy No. :

Insured Tel No. : HP: 4

Make / Model :

Excess Sec II : \$

D.O.A : 4/3/2020

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

GBD 598Y



INSRS:

WSP:

Tel :

Liability :

RMKS:

Eunos  
motors

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBD 598Y - NA/CT120003936 / h4 ; 4/3/2020

STAGE

DATE / PIC

SMJ 5465C - NA/CT120003936 / h4 ; 4/3/2020

Non-Reporting ltr (1st):

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:

27/11/2020

Please refer to views for details

27-11-20

\* To cancel ref / close  
\* NO survey done

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. 2 NIL

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

926 500