Surveyor:

LKK: IDAC:

ASSIGNMENT

GUO QIANG

DOI: 18/03/2020

Date / Time :

18/03/2020

Registered in Merimen:

19/03/2020

Pre-assign / CCU / FTE



SKN 136M Insured Vehicle No.

Claim No.

1687055009SG

Name of Insured Insured Tel No.

HP:

Policy No.

Excess Sec II :S\$

D.O.A: 12/03/2020

Make / Model : Place of Accident:

Is driver the owner?

Nature of Accident : (YES / NO)

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

If NO, Driver Name / Age: Driver Tel No.:

(V/L: YES / NO)

Final? Yes/No Insured Liability:

GV 6622S





INSRS:

WSP: RENO Liability:



INSRS: WSP: Tel: Liability:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		
	GV 6622S - X	STAGE DATE / PIC
		Non-Reporting ltr (1st):
	SKN 136M - X	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
30/10/2020 PRELIMINARY ADVICE	SETTLED AND CLOSED / FILE IN DRAWER	LTA / GIA :
		Medical Bill:
		PIR:
		Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:
	Date/Time: Sent By:	Post-Repair Photos:
ALLEN THE TABLE	The same of the sa	Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 1,200.00 (4 days) Reduction: 74.68 %	Email Call
FINAL SETTLEMENT		Email Call
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia:
Repair Cost: (W/GST)	% 100 (Agreed / Assessed) BOLA S/N No. : 27 S\$ 1,284.00	110000000000000000000000000000000000000
Loss of Rental (LOR):	S\$ (days)	OI rear-ended TP
oss of Use (LOU):	s\$ 400.00 (\$100 × 4 days)	Official chaca in
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only LOU only	The state of the s	
GIA/LTA Search	ss 29.00	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
egal Cost	S\$	2) Report Format: TP \$320.00
Fotal:	S\$ 1.713.00 Global Sum S\$: 1,700.00	International Section 1
FINAL PAYMENT	Date/Time: Confirm with:	Email Call
		MANCE PTE LTD
Payee 1:	133 1.7 UU.UU Pranie 1. INL VOI LINI OINI	
Payee 1: Payee 2: (Strike if N.A.)	S\$ Name 2:	VIX. (140E 1 1E E 15