15/5/2019

INS. CASE OWNER: CC 6 / AIG 2000 4765 / d53

LKE
DIAC

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: 21/3/2020

Registered in Merimen: 1/4/2020

Pre-assign / CCU / FTE

Insured Vehicle No.: SJF 950 H

Name of Insured: Goh Yong Hng (Wu Rongxun)

Insured Tel No.: _____ HP: _____

Excess Sec II :S$ _____ D.O.A.: 28/3/2020

Is driver the owner? (YES / NO)

If NO, Driver Name / Age _____

Driver Tel No.: _____ (V/L: YES / NO)

Nature of Accident: _____

Claim No.: _____

Policy No.: _____

Make / Model: _____

Place of Accident: _____

OI GIA REPORT (YES) / NO ; TP GIA REPORT (YES) / NO

Insured Liability: _____ % **Final ? Yes / No**

SJA5555J → _____ → _____ → _____

INSRS:
WSP: Woon Meng
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	
	SJA5555J : X ; SJF 950 H : X
03/4/2020	OINR
13/4/2020	VOL GIA Rec'd

STAGE	DATE / PIC
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:		

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:	