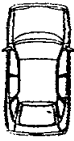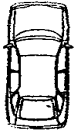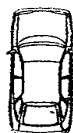INS. CASE OWNER: **BERNARD LER** | **CC4/AIG20004924/Kea3**

LKK:

IDAC:

ASSIGNMENT

Surveyor: **KENNETH** DOI: 07/04/2020

Date / Time : 06/04/2020

Registered in Merimen: 07/04/2020

Pre-assign / CCU / FTE

Insured Vehicle No. :	**SMC 5043Z**
Name of Insured :	SYLVIA JENN CHUA GUEK CHENG (CAI YUEQING)
Insured Tel No. :	HP:
Excess Sec II :S\$	D.O.A : 03/04/2020 12:10
Is driver the owner? (**YES** / NO)	Nature of Accident :

Claim No. :	7224864526SG
Policy No. :	1800078309
Make / Model :	SUBARU FORESTER 2.0I-L
Place of Accident :	BESIDE FRONTIER CC TRAFFIC LIGHT JURONG WEST ST 64

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: Y**ES**/ NO)

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

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

SMA 9134D ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **MBM**	WSP:	WSP:	WSP:
Tel : **WHEELPOWER**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMA 9134D - X	SMC 5043Z - X	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: