

INS. CASE OWNER: **Norsiah****CC6/AIG20005143/ha3**

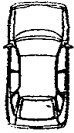
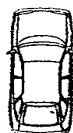
IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: **13/04/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLA 2150P**Claim No. : **0545395450SG**Name of Insured : **LIEW BENG KEAT**Policy No. : **2100451832**Insured Tel No. : _____ HP: **94877405**Make / Model : **AUDI A3 SEDAN 1.4 TFSI (AMBIENTE)****Excess Sec II :S\$** _____ D.O.A : **06/04/2020**Place of Accident : **ALONG BEDOK RESERVOIR ROAD**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **LIEW SHENG QI, EUAN**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **94877405** (V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SKV 1821U**INSRS:
WSP: **CAS GARAGE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKV 1821U - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
	SLA 2150P - 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	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
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: _____		