15/5/2010

INS. CASE OWNER: CC4/LPC20005361/Kea3

LKK:

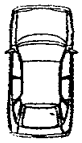
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/04/2020 Date / Time : 23/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 4524Z Claim No. : 20/20/20/VC05/023317

Name of Insured : Policy No. : Z20VC05004347

Insured Tel No. : HP: Make / Model :

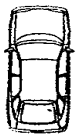
Excess Sec II :S$ D.O.A : Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

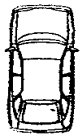
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

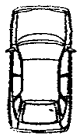
SJR 6166C → → →



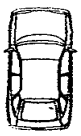
INSRS:
WSP: LIM MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJR 6166C - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
	XD 4524Z - CS/MSG16008380/Aqh3d1 05/05/2016	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: KSC
Repair Cost: P/P	S$ 60.00 (1 days)	Reduction: 99 %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with EXCLUDE CHECK ITEM $5,188.90	Email Call
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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: TP/WP
Legal Cost	S$		3) Survey fee: $250
Total:	**S$**	**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:	