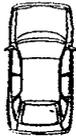| INS. CASE OWNER:	TEO Kitty 6568804602	CC4/ASM20005383/ka3	LKK: IDAC: 168382

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 24/04/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SCQ 4178U Claim No. : S0M02MY1

Name of Insured : YU PO YEE Policy No. : P2180850

Insured Tel No. : ____ HP: +65-97891741 Make / Model : TOYOTA HARRIER-2.0 ELEGANCE (A)

Excess Sec II :S$ ____ D.O.A : 21/04/2020 18:20 Place of Accident : B984 HDB CARPARK BUANGKOK LINK

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

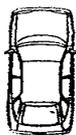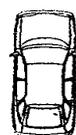If **NO**, Driver Name / Age : ____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SJA 3915S ——→ _____ ——→ _____ ——→ _____
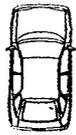
INSRS: WSP: T & T Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SJA 3915S - NA/INC20003103/z4; 22.02.2020	Non-Reporting ltr (1st):	
	NA/MSG14003170/d2; 13.02.2014	Non-Reporting ltr (2nd):	
	CC3/MSG14003214/Agbu2 13.02.2014	Non-Reporting ltr (Final):	
	SCQ 4178U - X	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:	