INS. CASE OWNER:	ANG Yvonne 6568804461	CC4/ASM20005402/Aea3	LKK:	IDAC: 168469

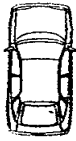## ASSIGNMENT

Surveyor: **ADRIAN**　　　DOI: 28/04/2020　　　Date / Time : 27/04/2020

Registered in Merimen: _____

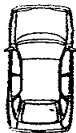**Pre-assign / CCU / FTE**

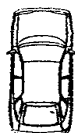|	
Insured Vehicle No. : SJE 8191J	Claim No. : S0M02N2K
Name of Insured : ACE CAR RENTAL PTE LTD	Policy No. : P2371570
Insured Tel No. : 　　HP:	Make / Model : TOYOTA CAMRY 2.4
Excess Sec II :S$ 1,500.00　D.O.A : 26/01/2020 11:55	Place of Accident : ALONG KALIDASA AVENUE TOWARDS ~~MUNSHI ABDULLAH AVE~~
Is driver the owner? (YES / (NO))　Nature of Accident :	
If **NO**, Driver Name / Age : ZAKARIA BIN HAFIZ	OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO
Driver Tel No. : +65-96392011　(V/L: (YES) / NO)	Insured Liability : 　% **Final ? Yes / No**

SLL 7163L　→　　　　　→　　　　　　　　→
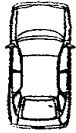
INSRS:　WSP:　Tel : CAS GARAGE　Liability :　RMKS:	INSRS:　WSP:　Tel :　Liability :　RMKS:	INSRS:　WSP:　Tel :　Liability :　RMKS:	INSRS:　WSP:　Tel :　Liability :　RMKS:	INSRS:　WSP:　Tel :　Liability :　RMKS:

Date/ Time	SLL 7163L - X　　SJE 8191J - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
	OINR. TO SEND 1ST LETTER.	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: