

INS. CASE OWNER:

CC6/AIG20005686/Kba3

IDAC:

ASSIGNMENTSurveyor: KENNETHDOI: 19/05/2020Date / Time : 12/05/2020Registered in Merimen: 12/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBJ 7584JClaim No. : 4779669341SGName of Insured : INTERNATIONAL LONG-SHI TRADING HUBPolicy No. : 1900151417

Insured Tel No. : _____ HP: _____

Make / Model : NISSAN NV350 PANEL VANExcess Sec II :S\$ _____ D.O.A : 08/05/2020Place of Accident : BLK 1D CANTONMENT RD LEVEL 1 CAR PARKIs driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : NG WEE SHANGOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 96796559 (V/L: ☒ YES / NO)Insured Liability : % **Final ? Yes / No**SJV 191Y →INSRS:
WSP:
Tel : OPTIMA WERKZ
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJV 191Y - X GBJ 7584J - 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:	☐
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:		