15/5/2010

INS. CASE OWNER:

CC4/III20005788/ga3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 18/05/2020

Registered in Merimen: 18/05/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 2981U

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 10/01/2020

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : UPPER JURONG ROAD TO BENOI ROAD

Nature of Accident : _____

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

PC 2689U → _____ → _____ → _____

INSRS:
WSP: K KIM HIN AUTOMOTIVE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PC 2689U - X
	SHC 2981U - NA/INC17018177/r3 21/09/2017 CC4/III19016574/R1gb3q2 15/09/2019
20/05/2021	HAS SEND TWICE 10 DAYS NOTICE TO TP. TILL DATE NO RESPONSE. TO CANCEL FILE. MR YEW TO SIGN **** NO SURVEY DONE ****

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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Ti	Confirm with:	Confirm by:
Repair Cost:	S$	days) Reduction:	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	ssessed) BOLA S/N No	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	( )	
Loss of Use (LOU):	S$ ($ x		
Loss of Income (LOI):	S$ ($ x		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + I [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. To dent)	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:	