INS. CASE OWNER: | CC4/AIG20005791/ka3 | IDAC:

ASSIGNMENT

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

Registered in Merimen: 18/05/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SCN 8339L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 16/05/2020

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

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

YN 8226T → → →

INSRS:
WSP: RYDER AUTO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YN 8226T - NA/CTI20005782/z4 16/05/2020
	SCN 8339L - NA/CTI20005782/z4 16/05/2020
2/9/2020 khanchna	NO SURVEY. TP NOT CLAIMING

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/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOL	No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		NO SURVEY. TP NOT CLAIMING
Loss of Rental (LOR):	S$	days	
Loss of Use (LOU):	S$ ($	d	
Loss of Income (LOI):	S$ ($	)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	OI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	ow/ 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:	