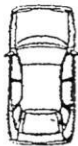|		LKK:
INS. CASE OWNER:	CC 4 /AIG 2000 5803 / Fds3	IDAC:

ASSIGNMENT

Surveyor: __RAM__ DOI: __19/05/2020__ Date / Time : __19/05/2020__

Registered in Merimen: __19/05/2020__

Pre-assign / CCU / FTE

Insured Vehicle No. : __SMA 2102S__   Claim No. : _____

Name of Insured : __WANG CHER YAN__   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

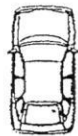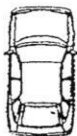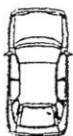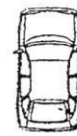Excess Sec II :S$ _____ D.O.A :17/05/2020   Place of Accident : _____

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**

__SHD 3362U__ ➝ _____ ➝ _____ _____ ➝ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: COMFORTDELGRO (LOYANG)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

SHD 3362U : CC6/III20004674/Uga3q2 ; DOA : 29/03/2020
SMA 2102S : X

Date/ Time		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) 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:	