LKK:

IDAC:

INS. CASE OWNER: MAY CHUA

CC4/FCI20006016/Eba3

ASSIGNMENT

Surveyor: **STEVE**   DOI: _____   Date / Time : 28/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 3710D**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : 26/05/2020   Place of Accident : SIMEI AVE TWDS TAMPINES AVE 5

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**

SMD 362E _____ → _____   _____ → _____   _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: NINETEEN AUTOWERKS	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMD 362E - NA/AIG20005966/h4 ; 26/05/2020	Non-Reporting ltr (1st):	
	CC4/AIG20005984/Fps3 ; 26/05/2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	SHC 3710D - NS/INC15002330/H1tbd1 ; 04/02/2015	Notification ltr (if non-pickup):	
	NA/AIG20005966/h4 ; 26/05/2020	Call OI:	
	CS/FCI19010882/R1td3n2 ; 17/06/2019	After call ltr to OI:	
	CC4/AIG20005984/Fps3 ; 26/05/2020	**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: