

INS. CASE OWNER:

CC4/FWD20006249/Kbv3

IDAC:

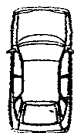
ASSIGNMENTSurveyor: **KENNETH**DOI: **16/06/2020**Date / Time : **11/06/2020**Registered in Merimen: **11/06/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLA 2265S**

Claim No. : _____

Name of Insured : **CHIN LOCK SEE**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **CITROEN C4 PICASSO-1.6 BLUEHDI EAT6 (A)****Excess Sec II :S\$** _____ D.O.A : **10/06/2020**Place of Accident : **Along Slip Road From SLE Towards Thomson Road**Is driver the owner? (☒ **YES** / NO) Nature of Accident : _____If **NO**, Driver Name / Age :OI GIA REPORT: ☒ **YES** / NO ; TP GIA REPORT: ☒ **YES** / NODriver Tel No. : _____ (V/L: ☒ **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SJS 8238K**INSRS: **NGS**
WSP: **AUTOMOTIVE**
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		
	SJS 8238K - X	STAGE DATE / PIC
		Non-Reporting ltr (1st):
	SLA 2265S - CC3/AIG17000557/Aeg3q2 07/01/2011	Non-Reporting ltr (2nd):
	CC4/FWD18008559/Keb3q2 28/04/2018	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: _____		