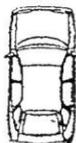INS. CASE OWNER: CC 4 / III 2000 6710 / R1gs3   LKK: IDAC:

ASSIGNMENT

Surveyor: **RASUL**   DOI: **29/06/2020**   Date / Time : **26/06/2020**
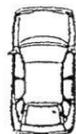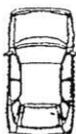
Registered in Merimen: **26/06/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBJ 4209M**	Claim No. :
Name of Insured : **COOLING POINT AIRCON SERVICES**	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **25/06/2020**	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**
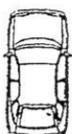
SML 4123K →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **MOTOR IMAGE**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

SML 4123K : X ; GBJ 4209M : X

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: