

INS. CASE OWNER:

CC 6 / CTI 2000 7080 / Des3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

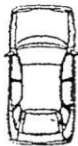
BRYAN

DOI: 02/07/2020

Date / Time : 02/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SFM 5151A

Claim No. : —

Name of Insured : LIM KEI HAO, PATRICK (LIN KEHAO, PATRICK)

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$

D.O.A : 01/07/2020

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

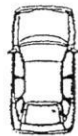
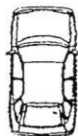
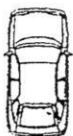
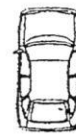
Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

SH 6423G

INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SH 6423G : CS/TMI14003812/H1gbd1 ; DOA : 24/02/2014 SFM 5151A : CS/CTI20001608/Qtd3s2 ; DOA : 06/01/2020	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:	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:		