INS. CASE OWNER: | CC **3** / CTI 2000 **7170** / **T1es3** | LKK:
IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**   DOI: **08/07/2020**   Date / Time : **08/07/2020**

Registered in Merimen: ___—___

Pre-assign / CCU / FTE
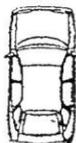
Insured Vehicle No. : **SLQ 3705Z**	Claim No. : _____
Name of Insured : **HUANG WEIXUAN**	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A **07/07/2020**	Place of Accident : _____
Is driver the owner? (YES / (NO)) Nature of Accident : _____	

If **NO**, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: (YES) / NO)

OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Insured Liability : ___ %   **Final ? Yes / No**

SHC 8736Y → _____ → _____ _____ → _____
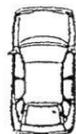
INSRS:	INSRS:	INSRS:	INSRS:
WSP: COMFORTDELGRO	WSP:	WSP:	WSP:
Tel : (LOYANG)	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:
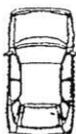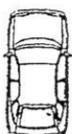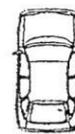
SHC 8736Y : NA/CTI20007146/h4 ; DOA : 07/07/2020
SLQ 3705Z :

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: