15/5/2010

INS. CASE OWNER: CC 3 /AIG 2000 7171 / Aks3

LKK:

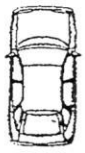
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 16/07/2020 Date / Time : 09/07/2020

Registered in Merimen: 09/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 7189G Claim No. :

Name of Insured : BIZLINK RENT A CAR PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

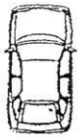
Excess Sec II :S$ D.O.A : 09/07/2020 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

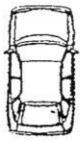
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

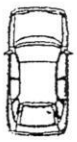
SMT 1806B → → →



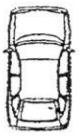
INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMT 1806B : X ; SLR 7189G : 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$ 0.00 (0 days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BO No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		TP WITHDRAWN CLAIM.
Loss of Rental (LOR):	S$	(day	SURVEY DONE. Surveyor remark
Loss of Use (LOU):	S$	($	damage not consistent.
Loss of Income (LOI):	S$	($ ys)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOI ☐ [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	Tow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $250
Total:	**S$**	**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:	