INS. CASE OWNER: CC 4 /LPC 2000   7240   /   R1ps3   LKK: IDAC:

ASSIGNMENT

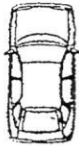Surveyor: **RASUL**   DOI: **27/07/2020**   Date / Time : **13/07/2020**

Registered in Merimen: —

Pre-assign / CCU / FTE

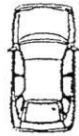|	
Insured Vehicle No. : **SLG 619L**	Claim No. : ___
Name of Insured : **HO KOK YONG**	Policy No. : ___
Insured Tel No. : ___ HP: ___	Make / Model : ___
Excess Sec II :S$ ___ D.O.A : **10/07/2020**	Place of Accident : ___
Is driver the owner? ((YES) / NO) Nature of Accident : ___	

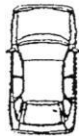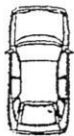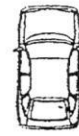If **NO**, Driver Name / Age : ___   OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

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

SGR 686T → ___ → ___

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **CYCLE &**	WSP:	WSP:	WSP:
Tel : **CARRIAGE**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

SGR 686T : X ; SLG 619L : 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:		