

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SGT 64C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **07/04/2015**

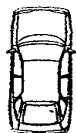
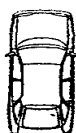
Place of Accident : _____

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****ST 9743A**
 INSRs:
 WSP: **PRECISE**
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		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: LWP
Repair Cost: L/S	S\$ 380.00	(2 days) Reduction: 82 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24.11.20	Confirm with YAN HONG	Email ☐ Call ☐
Final Liability: 100	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: \$380.00	S\$ 190.00	CONFLICTING VERSION	
Loss of Rental (LOR): -	S\$ -	(_____ days)	
Loss of Use (LOU): \$150.00	S\$ 75.00	(\$ 50 x 3 days)	
Loss of Income (LOI): -	S\$ -	(\$ _____ x _____ days)	
LOR only ☐	LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search \$8.00	S\$ 8.00		
Medical: -	S\$ -		1) Claim status: Normal/ Reject/Private Settle
Disbursement: -	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost -	S\$ -		3) Survey fee: AC1513510
Total:	\$538.00	S\$ 273.00	Global Sum S\$: 280.00
FINAL PAYMENT	Date/Time: 24.11.20	Confirm with: YAN HONG	Email ☐ Call ☐
Payee 1:	S\$ 280.00	Name 1: PRECISE AUTO SERVICE	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	