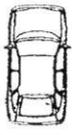|	LKK:
INS. CASE OWNER:	CC4/AIG20007654/Kda3	IDAC:

ASSIGNMENT

Surveyor:	KENNETH	DOI: 24/07/2020	Date / Time : 23/07/2020
			Registered in Merimen: 24/07/2020

Pre-assign / CCU / FTE
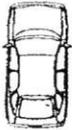
Insured Vehicle No.	: SLV 4994Y	Claim No.	:
Name of Insured	:	Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : 20/07/2020 17:30	Place of Accident :
Is driver the owner?	(YES / NO)	Nature of Accident :

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**

GBK 1268G

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CHEW	WSP:	WSP:	WSP:
Tel : GOON	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	GBK 1268G - X	SLV 4994Y - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
		Reject Case	Call OI:	
		By (staff) : Jia Le.	After call ltr to OI:	
		Approved by : Yen	**Documentation Check List: Handler Typist**	
		Date : 17-08-20	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

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: TP
Legal Cost	S$		3) Survey fee: $320
Total:	S$	**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:	