

INS. CASE OWNER:

CC 4 /AIG 2000 8098 / Kks3

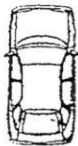
LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 16/09/2020Date / Time : 05/08/2020Registered in Merimen: 05/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGB 46A
 Name of Insured : Good Wood Management Pte. Ltd.
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$\$ D.O.A : 17/07/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

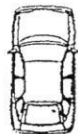
Driver Tel No. :

(V/L: YES / NO)

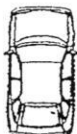
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

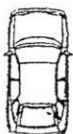
SJG 8660L



INSRS:
WSP: LIM TAN
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SJG 8660L : NA/FCI18003654/z4 ; DOA : 24/02/2018	Non-Reporting ltr (1st):	
	SGB 46A : CC3/AIG18004334/T1hb3q2 ; DOA : 03/03/2018	Non-Reporting ltr (2nd):	
06/08/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	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:	☐
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:	
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: _____		