

INS. CASE OWNER:

CC6 / AIG 2000 8263 / es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 11/08/2020

Registered in Merimen: 11/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDA 50C

Claim No. : _____

Name of Insured : NG PENG CHOON

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 05/08/2020

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 NODriver Tel No. : _____ (V/L ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLH 8033T

INSRS:
WSP: JIN AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	SLH 8033T : X SDA 50C : CC6/DAI15014630/Kpa3n2 ; DOA : 17/08/2015	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
16.03.21	CANCEL CASE DUE TO NO SURVEY DONE.	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:	% 0 (Agreed / Assessed) BOLA S/N No. : 11c	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ _____	TP EXIT FROM SLIP ROAD // OI MAKE A UTURN	
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: _____		