15/9/2010

INS. CASE OWNER: CC4 /AIG 2000 8522 / Ues3

LKK:

IDAC:

## ASSIGNMENT

Surveyor: Marcus DOI: 17/08/2020 Date / Time : 17/08/2020

Registered in Merimen: 17/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SFT 7978G Claim No. :

Name of Insured : KHO WAI CHEE Policy No. :

Insured Tel No. : HP: Make / Model :

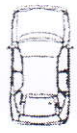
Excess Sec II :S$ D.O.A : 13/08/2020 Place of Accident :

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

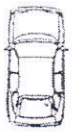
Driver Tel No. : (V/L: YES / NO ) Insured Liability : % Final ? Yes / No

SLB 7434H → → →



INSRS:
WSP:
Tel : ZOOM AUTOWERKS
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SLB 7434H : X ; SFT 7978G : X |

Reject Case
By (staff) :
Approved by :
Date : 27-11-20

| 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: CKS |
| Repair Cost: L/S | S$ 8,500.00 | ( 8 days) | Reduction: 54 % | 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/~~Repeated Invoice~~ |
| 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: | | |