INS. CASE OWNER:	CC **4** / ASM 2000 **8722** / **Ups3**	LKK: IDAC:

ASSIGNMENT

Surveyor: __**Marcus**__ DOI: __20/08/2020__ Date / Time: __20/08/2020__ —

Registered in Merimen: _____

Pre-assign / CCU / FTE
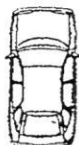
Insured Vehicle No. : __**SLJ 292D**__ Claim No. : _____

Name of Insured : __TAN KHENG THAI__ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 19/08/2020 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**

SMG 1446A → _____ → _____ → _____ → _____
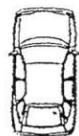
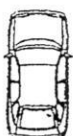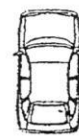|				
INSRS: WSP: FASTECH Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SMG 1446A : CC3/MSG19015980/Uqd3n2 ; DOA : 09/09/2019 SLJ 292D : X		

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:	
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:	