15/5/2010

INS. CASE OWNER: Bernard Ler | CC4/AIG20008811/ga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21/08/2020

Registered in Merimen: 21/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMS 4637H — Claim No. : 5776102651SG

Name of Insured : _____ — 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**

GBB 5049T → _____ → _____ → _____

INSRS:
WSP: Auto N Cars
Tel : Services Pte Ltd.
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBB 5049T - NA/INC16009116/j4 ; 17/05/2016 NA/MSG16009129/r3 ; 17/05/2016
	SMS 4637H - X
09062021	OI VIDEO - OI TRAVELLING WITHIN LANE, TP CUT INTO OI LANE. ~~NO SURVEY DONE, MR YEW TO SIGN~~

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 mail ☐ Call ☐

Final Liability: % ed / 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$ ($ days)

Loss of Income (LOI): S$ ($)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LO ☐ [Tick

GIA/LTA Search S$

Medical: S$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ (ependent) 2) Report Format:

Legal Cost S$ 3) Survey fee:

Total: **S$** **Global**

FINAL PAYMENT Date/Time: Co Email ☐ Call ☐

Payee 1: S$

Payee 2: (Strike if N.A.) S$ 2:

Payee 3: (Strike if N.A.) S$ me 3: