

INS. CASE OWNER:

CC 4 / AIG 2000 9075 / Qrs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

OSP

DOI:

05/10/2020

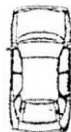
Date / Time:

27/08/2020

Registered in Merimen:

27/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 9098H

Claim No. : _____

Name of Insured : GLYN SIM KIOK NGIAP

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 20/08/2020

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

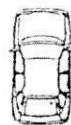
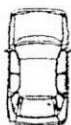
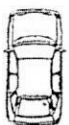
Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

GBH 3387Z

INSRS:
WSP: MY CAR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	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 / GLA :	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
	Confirm by:	
	Email ☐ Call ☐	
	Email ☐ Call ☐	
	If NO or B 28, Ass. Lia :	
	1) Claim status: ☒ Normal/Reject/ ☐ Duplicate/ ☐ Pending	
	2) Report Format: TP	
	3) Survey fee: 200.00	
		\$320.00
	Global Sum S\$:	
	Email ☐ Call ☐	
	Confirm with:	
	Name 1:	
	Name 2:	
	Name 3:	

Reject Case

By (staff) : *gash*

Approved by : *tw*

Date : 11-02-21

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/SUM S\$ 1,550.00 (2 days) Reduction: 69 %

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\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: 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: