15/5/2019

INS. CASE OWNER: CC 6 / AIG 2000 9266 / ds3

LKK:

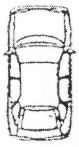
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01/09/2020

Registered in Merimen: 01/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 7916X

Name of Insured : Singapore Hai Di Lao Dining Pte Ltd

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 27/08/2020

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

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

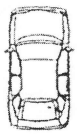
Make / Model : _____

Place of Accident : _____

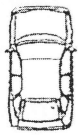
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

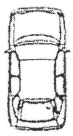
SLA 3527E →



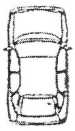
INSRS:
WSP: MODERN AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLA 3527E : X ; GBH 7916X : X
04/09/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER
29-0920	TO CANCEL, NO SURVEY.
	Y

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: