

INS. CASE OWNER:

CC4/AIG20009714/ks3

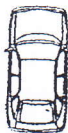
LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 11/09/2020Registered in Merimen: 11/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJU 8811U

Claim No. : _____

Name of Insured : CHAN CHU HENG ROY

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 01/08/2020

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SLL 2106K**INSRS:
WSP: LION CITY
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 2106K : CC6/LCR17006716/Aeb3q2 ; DOA : 01/04/2017	Non-Reporting ltr (1st):	
	SJU 8811U : CC3/AIG19013816/Gtf3e2 ; DOA : 01/08/2020	Non-Reporting ltr (2nd):	
16.02.22	CANCEL CASE DUE TO NO SURVEY DONE.	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: _____		Confirmation Breakdown Form: ☐ Post-Repair Photos: ☐ Others: ☐	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		Email ☐ Call ☐	
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %		
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 + LOI ☐ LOR + LC ☐ [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\$: _____	4) MERIMEN FEE \$11	
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: _____		