

INS. CASE OWNER:

CC4/AIG20010907/Kpa3

IDAC:

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **09.10.2020**Registered in Merimen: **09.10.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBE 3962D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

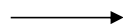
Excess Sec II :S\$ _____ D.O.A : **07/10/2020 15:25**Place of Accident : **ALONG JOO CHIAT RD NEAR UNIT 333**

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****SMU 6499R**INSRS:
WSP: **WEI LEE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMU 6499R - X	GBE 3962D - X	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
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:		