15/5/2010

INS. CASE OWNER:

CC4/AIG20011987/gs3

LKK:

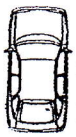
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03/11/2020

Registered in Merimen: 03/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFE 6883G

Name of Insured : CHEONG MAY LIN MARY

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 02/11/2020

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

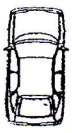
If **NO**, Driver Name / Age :

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

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

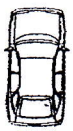
Insured Liability : % **Final ? Yes / No**

EX 8333B → _____ → _____ → _____

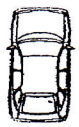


INSRS:
WSP: S & H
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	EX 8333B : CC3/AIG14014188/Auy3q2 ; DOA : 03/07/2014 SFE 6883G : X
24/11/2020	REJECTION EMAIL SEND TP ON 09/11/2020. TP COMING OUT FROM PARKING LOT, OI DRIVING STRAIGHT AT MAIN RD. CANCEL CASE.. *** 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:	nfirm with	Email ☐ Cal ☐
Final Liability:	% (Agre	ed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (		
Loss of Use (LOU):	S$ ($ x		
Loss of Income (LOI):	S$ ($ x day		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	only one]
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	Tow/ In	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Sum S$:**	
FINAL PAYMENT	Date/Time:	irm with:	Email ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	