

INS. CASE OWNER: **ONG LI LI****CC4/LPC20014014/ga3**

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **16/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBD 6067Z**Claim No. : **20/20/20/VC00/024012**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **14/12/2020 14:02**Place of Accident : **32 Ang Mo Kio Ind Park 2, Singapore**

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****SJD 5022P**INSRS:
WSP: **AUTOMOTIVE**
Tel : **REPAIR CENTRE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJD 5022P - X		GBD 6067Z - X		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
					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:				