	LKK:
	IDAC:

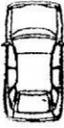**CC6/CTI20014082/Ura3**

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 18/12/2020   Date / Time : 18/12/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLT 4522L**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 01/12/2020   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 / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**

GBG 7719D →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: LIU'S BROTHER	WSP:	WSP:	WSP:
Tel : AUTO	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLT 4522L GBG 7719D NA/CTI20013629/z4 ; 01.12.2020	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
19/4/2021	PLEASE REFER TO VIEWS FOR DETAILS	After call ltr to OI:	
	*REJECT CASE AS PER CTI INSTRUCTION	Documentation Check List: Handler Typist	

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:	☐	☐

Reject Case
By (staff) : Jaslin
Approved by : Yw
Date : 20-04-21

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 800.00 (2 days) Reduction: 64 %		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: TP
Legal Cost	S$		3) Survey fee: 400.00
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:	