INS. CASE OWNER:

CC4/AIG21001180/Qps3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **OSP**	DOI: **26/01/2021**
	Date / Time: **25/01/2021**
	Registered in Merimen: **25/01/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGL 8813Y**	Claim No. :	
Name of Insured : **PHUA JOO YANG**	Policy No. :	
Insured Tel No. : _____ HP: _____	Make / Model :	
Excess Sec II :S$ _____ D.O.A : **22/01/2021**	Place of Accident :	
Is driver the owner? (YES /(NO))	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**

SLF 2956E ⟶ _____ ⟶ _____ ⟶ _____
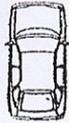
INSRS: WSP: **LION CITY** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:
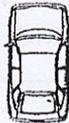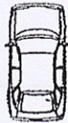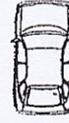
Date/ Time	SLF 2956E : X ; SGL 8813Y : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
11/2/2021 — Reject TP Claim		Call OI:	
		After call ltr to OI:	
9/3/2021 — PIR against TP.		**Documentation Check List: Handler Typist**	
		Notification ltr (if non-pickup) ☐ ☐	
10/3/2021 — Reject Claim		After call ltr to OI: ☐ ☐	
— To close.		Authorisation To Act: ☐ ☐	
		Release Voucher: ☐ ☐	
		Final Repair Bill: ☐ ☐	
		Car Rental Invoice: ☐ ☐	
	Reject Case	Towing Invoice ☐ ☐	
	By (staff) : Hsiao Tong	LTA / GIA : ☐ ☐	
	Approved by :	Medical Bill: ☐ ☐	
	Date : 10-03-21	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:	
		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 + LOU ☐ LOR + LO☐ **[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: $ 320-00
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:	