15/5/2010

INS. CASE OWNER:

~~CC3/AIC21002240/Kga3~~ CC3/TP21002240/Kga3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 16/02/2021 Date / Time : 16/02/2021

Registered in Merimen: 17/02/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : ~~GBC 6722X~~ Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 15/02/2021 11:25 Place of Accident : BARTLEY RD EAST

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**

~~GBC 6722X~~ →	SHD 5512R →	~~SBS 3946C~~ →	
INSRS:	INSRS: TRANS-	INSRS:	INSRS:
WSP:	WSP: CAB	WSP:	WSP:
Tel :	Tel : AUTO	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time		
	SHD 5512R - CC3/CTI15019810/K1za3n2 ; 18/11/2015 ~~CC3/FCI15022094/Kqh3q2 ; 05/06/2015~~ ~~CC3/FCI16001997/Kqh3c2 ; 10/04/2014~~ ~~CC3/LPC16007623/Kza3q2 ; 21/04/2016~~ ~~NA/INC14008860/r3 ; 12/05/2014~~	
	GBC 6722X - X	
21/4/2021	To bill trans-cab. purchase of survey report.	

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:	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: PURCHASE OF SURVEY REPORT
Legal Cost	S$		3) Survey fee: $ 1170.00 (REFER TO SUR ASSG)
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:	

980 OSD 21/4/21