

INS. CASE OWNER:

Salina

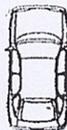
CC4/AIG21002864/Ups3

LKK:
IDAC:

ASSIGNMENT

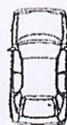
Surveyor: Marcus DOI: 03/03/2021 Date / Time : 03/03/2021
Registered in Merimen: 03/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SGB 6058B Claim No. : _____
Name of Insured : TAY BEE LIAN Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$S\$ D.O.A : 19/02/2021 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

FBE 5706P



INSRS:
WSP: EROFIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	FBE 5706P : X ; SGB 6058B : X	
<i>8/3/2021</i>	<i>AG: Rejet TP claim</i>	
<i>9/3/2021</i>	<i>Email to TP: Rejet UP claim</i>	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with: Confirm by:	
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LC <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search S\$		
Medical: S\$	1) Claim status: Normal <input checked="" type="checkbox"/> Reject/Private Settle	
Disbursement: S\$	(e.g. Tow/ Independent) 2) Report Format: <i>TP</i>	
Legal Cost S\$	3) Survey fee: <i>\$250.00</i>	
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

Reject Case
 By (staff) : *Hsiao Tsz-y*
 Approved by : *Y*
 Date : *10-03-21*