LKK:

IDAC:

INS. CASE OWNER:

CC3/AIG21003886/Ars3

ASSIGNMENT

Surveyor: **Adrian**　　　DOI: 01/04/2021　　　Date / Time : 25/03/2021

Registered in Merimen: 25/03/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMQ 3968U**　　　Claim No. :

Name of Insured : Ching Yew Hock　　　Policy No. :

Insured Tel No. : 　　HP:　　　Make / Model :

Excess Sec II :S$　　　D.O.A : 23/03/2021　　　Place of Accident :

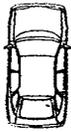Is driver the owner? (**YES** / NO)　Nature of Accident :

If **NO**, Driver Name / Age :　　　OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

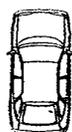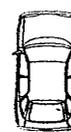Driver Tel No. :　　　(V/L: **YES** / NO)　Insured Liability :　%　**Final ? Yes / No**

SKF 7700E ⟶ _____ ⟶ _____　_____ ⟶ _____

INSRS: WSP: **PREMIUM** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SKF 7700E : X ; SMQ 3968U : 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	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 ☐ Cal ☐

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:
Legal Cost	S$	3) Survey fee:
Total:	**S$**　　　Global Sum S$:	

FINAL PAYMENT Date/Time:　Confirm with:　　Email ☐ Cal ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: