15/5/2010

INS. CASE OWNER: CC4/III21004152/gs3

LKK:

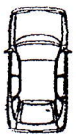
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 31/03/2021

Registered in Merimen: 31/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 8253H

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 27/03/2021

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

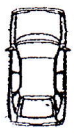
Make / Model : _____

Place of Accident : _____

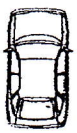
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SMM 8423M → _____ → _____ → _____

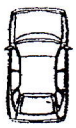


INSRS:
WSP:
Tel : CYCLE & CARRIAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMM 8423M : X ; GBJ 8253H : X	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:		

07/04/2021

III INSTRUCT TO CANCEL CASE AS BOTH PARTIES HAS MUTUALLY SETTLE THE MATTER. MR YEW TO SIGN.
*** CANCEL CASE*** NO SURVEY DONE ****

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:	%	(Ap ssessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(s)	
Loss of Use (LOU):	S$	($ x	
Loss of Income (LOI):	S$	($ x	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO [T one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	dent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Gl S$:**	
FINAL PAYMENT	Date/Time:	with:	Email ☐ Call ☐
Payee 1:	S$	e 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	