		LKK:
INS. CASE OWNER:	CC6/CTI21006850/Urs3q2	IDAC:

ASSIGNMENT

Surveyor: **MARCUS** DOI: 21/06/2021 Date / Time : 21/06/2021

Registered in Merimen: ---

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLD 4070H** Claim No. : **SNM21D203467**

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 18/06/2021 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**

SJY 1797C ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **FASTECH**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
	SJY 1797C - CC6/CTI20014207/Ura3q2 - 20/12/2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	SLD 4070H - X	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
13/9/2021	PLEASE REFER TO VIEWS FOR DETAILS	**Documentation Check List: Handler Typist**	
	*SUBMIT WP AS PER CTI INSTRUCTIONS	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: **L/SUM** S$ 6,600.00 (5 days) Reduction: 60 % 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~~ **WP**
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$		3) Survey fee: **350.00**
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:	