LKK:
IDAC:

INS. CASE OWNER: | **CC4/AIG21007271/Gpa3**

ASSIGNMENT

Surveyor: **XING GUO QIANG** DOI: 02/07/2021

Date / Time : 02/07/2021
Registered in Merimen: 02/07/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKM 1594Y**
Name of Insured : **TAN KIA LIH**
Insured Tel No. : HP:

Claim No. :
Policy No. :
Make / Model :

Excess Sec II :S$ D.O.A : 31/01/2021 16:00 Place of Accident : **JUNCTION OF BUKIT TIMAH ROAD AND 1 KING ALBERT PARK**

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

If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

FBQ 2605D → → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	FBQ 2605D - X	SKM 1594Y - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
01/09/2021	Pls refer to VIEWS for details.		Call OI:	
			After call ltr to OI:	
	*Rejected TP claim		**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:	

Reject Case
By (staff) : Hsiao Tong
Approved by : Vn
Date : 01/09/21

| **PRELIMINARY ADVICE** Date/Time: | Sent By: | Post-Repair Photos: | |
| | | Others: | |

FINALIZATION Date/Time: Confirm with: Confirm by:

| Repair Cost: **L/sum** | S$ 1,000.00 (3 days) Reduction: 68 % | 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: TP
Legal Cost	S$	3) Survey fee: $320.00
Total:	S$ 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: