

INS. CASE OWNER:

CC6/AIG21007372/Uga3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

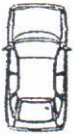
MARCUS

DOI: 06/07/2021

Date / Time : 06/07/2021

Registered in Merimen: 06/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 3331U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06-07-21

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

PC 8232PINSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	PC 8232P - CC4/ASM18021229/Aja3q2 ; 21/11/2018	Non-Reporting ltr (1st):	
	CC6/AIG19021197/Uha3q2 ; 30/11/2019	Non-Reporting ltr (2nd):	
	NBA/AIG19021370/Y ; 30/11/2019	Non-Reporting ltr (Final):	
	SKS 3331U - X	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:	☐ ☐
13/10/2021	REJECT CLAIM - TP ENCROACHED INTO OI LANE. MR YEW TO CHOP + SIGN		

Reject Case

By (staff) : cecilia

Approved by : Yew

Date : 14/10/21

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost: L/S	S\$ \$3,700.00	(3 days)	Reduction: \$14,430.00 % 80
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	% 0	(Agreed / Assessed)	BOLA S/N No. :
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	