INS. CASE OWNER: CC6/AIG21007460/Upa3 | IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 22/07/2021 Date / Time : 08/07/2021

Registered in Merimen: 08/07/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SJE 9257Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 07/07/2021 12:22 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**

SML 95J → → →

INSRS:
WSP: Specialists
Tel : Motor Pte Ltd
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SML 95J - X	Non-Reporting ltr (1st):	
	SJE 9257Y - CC3/AIG09024239/Djr1 ; 28/10/2009	Non-Reporting ltr (2nd):	
	CS3/AIG20013728/Ups3q2 ; 08/12/2020	Non-Reporting ltr (Final):	
	NA/INC20013586/z4 ; 08/12/2020	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
12/08/2021	Pls refer to VIEWS for details.	**Documentation Check List:**	**Handler** / **Typist**
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
	*Rejected TP claim	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:	

Reject Case
By (staff) : Haiao Tong
Approved by : Yu
Date : 12/08/21

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION Submit	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 8,584.30 (3 days) Reduction: 24 %		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:	