

INS. CASE OWNER:

CC4/AIG21007633/Nrs3

IDAC:

ASSIGNMENTSurveyor: NazDOI: 14/07/2021Date / Time : 14/07/2021Registered in Merimen: 14/07/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLN 8619Y

Claim No. : _____

Name of Insured : CHIN YUN XIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/07/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SMQ 3770Y** → _____ → _____ → _____ → _____INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMQ 3770Y : X ; SLN 8619Y : X		STAGE	DATE / PIC
			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
			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:
Repair Cost:	S\$ _____	(_____ days) Reduction: _____ %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% _____	(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 + LO ☐		[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: _____