LKK:

CC4/ASM21008178/Aps3
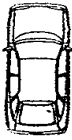
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **Adrian**   DOI: 04/08/2021   Date / Time : 03/08/2021

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **SLQ 9141K**   Claim No.   : _____
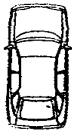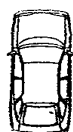
Name of Insured   : IKHTIARUDDIN IMAN BIN MUSTAFA   Policy No.   : _____

Insured Tel No.   :   HP: Make / Model : _____

Excess Sec II :S$ D.O.A : 02/08/2021   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**

SMG 2306P ⟶ _____ ⟶ _____   _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: MG SOLUTION	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMG 2306P : X ; SLQ 9141K : 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	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:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with   Email ☐ Cal ☐

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 + LO ☐ [**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:
Legal Cost	S$	3) Survey fee:
Total:	**S$** Global Sum S$:	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: