	LKK:
INS. CASE OWNER:	IDAC:

CC4/FCI21008317/R1pa3

ASSIGNMENT

Surveyor: **RASUL** DOI: **11/08/2021** Date / Time : **06/08/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLG 6408P** Claim No. : **D21002258MFZH**

Name of Insured : **GENERAL LEASING PTE LTD** Policy No. : **D-21096970MFZH**

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

Excess Sec II :S$ _____ D.O.A : **05/08/2021 07:00** Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____
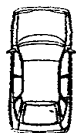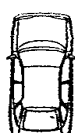
If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ____ % **Final ? Yes / No**

SLL 316J ——→ _____ ——→ _____ _____ ——→ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **MOVA**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 316J - X	Non-Reporting ltr (1st):	
	SLG 6408P - NA/INC17001003/k4 ; 14.01.2017	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
13/09/2021	Pls refer to VIEWS for details.	Call OI:	
		After call ltr to OI:	

	Documentation Check List:	Handler	Typist
*Submit WP to MS FCI	Notification ltr (if non-pickup)	☐	☐
*MS FCI handle claim directly	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:		☐

PRELIMINARY ADVICE Date/Time: ____ Sent By: ____ Post-Repair Photos: ☐ ☐

Others: ☐ ☐

FINALIZATION Date/Time: ____ Confirm with: ____ Confirm by: ____

Repair Cost: **L/sum** S$ **1,400.00** (**3** days) Reduction: **50** % 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~~ **/WP**
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **$232.00**
Total:	**S$** Global Sum S$:	**$110.00 + $22 + $50 + $50= $232.00**

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: