

15/5/2010

INS. CASE OWNER:

CC4/LPC21008481/Bea3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

DOI:

Date / Time : 12/08/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 8184E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A : 11/08/2021 14:25

Place of Accident : AYE TOWARDS CTE BEFORE ALEXANDRA

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLL 3525C

INSRS:  
WSP: BIFROST  
Tel: AUTO  
Liability: PTE LTD  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	STAGE	DATE / PIC
SLL 3525C - CC6/AIG18001819/Abp3q2; 23/01/2018	Non-Reporting ltr (1st):	
CC6/AIG18012350/T1hb3q2; 04/07/2018	Non-Reporting ltr (2nd):	
CC6/III17010045/Ueg3q2; 23/05/2017	Non-Reporting ltr (Final):	
CS/AGI18001494/Uvbn2; 23/01/2018	Notification ltr (if non-pickup):	
GBD 8184E - X	Call OI:	
Dear Sirs,	After call ltr to OI:	
Under the Market Agreement for chain collisions, we are liable for 100% for losses to the vehicle immediately in front of us.	Documentation Check List: Handler Typist	
Therefore, the insurers of SLM2231B is liable for 100% for losses to your client's vehicle.	Notification ltr (if non-pickup)	
Please direct your PR request to the insurers of SLM2231B.	After call ltr to OI:	
Aside to LKK - Please ignore the assignment.	Authorisation To Act:	
Best Regards Gerald Poh	Release Voucher:	
24/08/2021 to cancel // refer ref : CS/MSG21008504/Buf3	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	LTA / GIA :	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By:		
<b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:		
Repair Cost: \$ ( days) Reduction: %	Email	Call
<b>FINAL SETTLEMENT</b> Date/Time: Confirm with: Email	Call	
Final Liability: % (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: \$		
Loss of Rental (LOR): \$ ( days)		
Loss of Use (LOU): \$ (\$ x days)		
Loss of Income (LOI): \$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$		
Medical: \$	1) Claim status: Normal/Reject/Private Settle	
Disbursement: \$ (e.g. Tow/ Independent )	2) Report Format:	
Legal Cost \$	3) Survey fee:	
Total: \$ Global Sum \$:		
<b>FINAL PAYMENT</b> Date/Time: Confirm with: Email	Call	
Payee 1: \$ Name 1:		
Payee 2: (Strike if N.A.) \$ Name 2:		
Payee 3: (Strike if N.A.) \$ Name 3:		