

15/5/2010

CC4/FCI21008777/ra3

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time: 20/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 2649A

Claim No. : D21002307MFCV

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11/08/2021 14:20

Place of Accident : SENGKANG ROAD

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**

SKS 5448D



INSRS:
WSP: KGC WORKSHOPS
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|---|---|--|
| | SKS 5448D - X | GBH 2649A - X |
| | Non-Reporting ltr (1st): | |
| | Non-Reporting ltr (2nd): | |
| 07/12/2021 | TO CANCEL. NO SURVEY DONE | |
| | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | |
| FINALIZATION Date/Time: | Confirm with: | |
| Repair Cost: S\$ | (days) Reduction: % | Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: | Confirm with | |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one] |
| GIA/LTA Search | S\$ | 1) Claim status: Normal/Reject/Private Settle |
| Medical: | S\$ | 2) Report Format: |
| Disbursement: | S\$ (e.g. Tow/ Independent) | 3) Survey fee: |
| Legal Cost | S\$ | |
| Total: | S\$ | Global Sum S\$: |
| FINAL PAYMENT Date/Time: | Confirm with: | |
| Payee 1: S\$ | Name 1: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 2: (Strike if N.A.) S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) S\$ | Name 3: | |