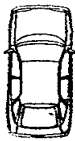| LKK: |
|---|
| IDAC: |

INS. CASE OWNER: **CC4/AIG21010502/ga3**

ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time : **12/10/2021**

Registered in Merimen: **12/10/2021**

Pre-assign / CCU / FTE

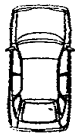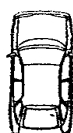|		
Insured Vehicle No. :	**SMX 1964G**	Claim No. : _____
Name of Insured :	**TAN BENG CHENG (CHEN MINGQING)**	Policy No. : _____
Insured Tel No. : _____ HP: _____		Make / Model : _____
Excess Sec II :S$ _____ D.O.A : **08/10/2021 17:27**		Place of Accident : **CROSS JUNCTION OF WOODLAND AVENUE & GAMBAS AVENUE**
Is driver the owner? (YES / NO) Nature of Accident : _____		

If **NO**, Driver Name / Age :   **CHUA EE LENG**

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

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

GBB 8522Z →_____ →_____ _____ →_____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **Lian Hong Seng Motor Works**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	GBB 8522Z - X SMX 1964G - 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 ☐ 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
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 ☐ Call ☐

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