15/5/2010

INS. CASE OWNER: CC4/LPC21010648/gs3

LKK:

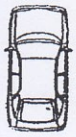
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 15/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGK 8118B

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 08/10/2021

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

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

Insured Liability : % **Final ? Yes / No**

FBL 2494H → _____ → _____ → _____

INSRS:
WSP: PRO-JEX
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBL 2494H : CS3/SMO21010394/Avf3e2 ; DOA : 08/10/2021
	SGK 8118B : CS3/LPC21010398/Atf3e2 ; DOA : 08/10/2021
22/11/21	- TP withdraw case. No survey done.

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:	%	/ Assessed) BOLA S/N No. :	f NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	days)	Cancel case.
Loss of Use (LOU):	S$ ($	x ys)	
Loss of Income (LOI):	S$ ($	x	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + ☐ [Tick	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g endent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global**	
FINAL PAYMENT	Date/Time:	Con	Email ☐ Cal ☐
Payee 1:	S$		
Payee 2: (Strike if N.A.)	S$	2:	
Payee 3: (Strike if N.A.)	S$	me 3:	