LKK:

IDAC:
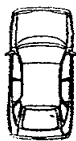
INS. CASE OWNER:

CS3/III21010955/Aga3

ASSIGNMENT

Surveyor: **ADRIAN**　　DOI: 26/10/2021　　Date / Time : 26/10/2021

Registered in Merimen: 26/10/2021

Pre-assign / CCU / FTE

Insured Vehicle No.	:	PC 907D	Claim No.	:	MFL2021D0004683
Name of Insured	:		Policy No.	:	D18MFL0002658_02
Insured Tel No.	:	HP:	Make / Model	:	

Excess Sec II :S$　　D.O.A : 22.10.2021 20:27　　Place of Accident :

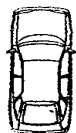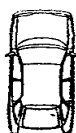Is driver the owner?　(YES / NO)　Nature of Accident :

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**

SFD 2313S　→　————　→　————　———　→　————

INSRS:	INSRS:		INSRS:	INSRS:
WSP: NHT	WSP:		WSP:	WSP:
Tel :	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time	SFD 2313S - X PC 907D - NS/INC17020474/K1tbn2 ; 24.10.2017	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:	☐ ☐
03/11/2021	OI ALR PTE SETTLE WITH TP. SURVEY DONE, PRI ONLY.	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:　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: PRI
Legal Cost	S$		3) Survey fee: $120.00
Total:	**S$**	**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:	