

INS. CASE OWNER:

CC4/LPC21011236/ea3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 03/11/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 1808A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 01/11/2021

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**

SMN 4851G

INSRS:
WSP:
Tel :
Liability :
RMKS:
HWA SENG
SPRAY
PAINTING
COMPANYINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMN 4851G - X	STAGE	DATE / PIC
	YP 1808A - NA/AWA17006694/k4 ; 05/04/2017	Non-Reporting ltr (1st):	
	NA/CTI17013131/h4 ; 05/07/2017	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)	<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: _____ Confirm by: KSC		
Repair Cost: L/S S\$ 19,400.00 (32 days) Reduction: 46 %	Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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\$			
Medical: S\$			
Disbursement: S\$ (e.g. Tow/ Independent)			
Legal Cost S\$			
Total: S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$	Name 1: _____		
Payee 2: (Strike if N.A.) S\$	Name 2: _____		
Payee 3: (Strike if N.A.) S\$	Name 3: _____		