	CC3/CTI21011669/T1pa3	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**   DOI: **15/11/2021**   Date / Time : **15/11/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBH 771S**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ D.O.A : **14/11/2021 07:30**   Place of Accident : _____

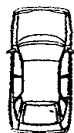Is driver the owner?   (YES / NO)   Nature of Accident : _____

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**

SHC 3105B → _____ → _____   _____ → _____

INSRS:	INSRS:		INSRS:	INSRS:
WSP: **CDGE LOYANG**	WSP:		WSP:	WSP:
Tel :	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time		
	SHC 3105B - CC6/III16011367/Uya3n2; 13/06/2016	
	CF/AIG09001603/Caj; 30/12/2008	
	NA/INC12020802/e1; 25/10/2012	
	NS/INC12020813/H1y1k3 ; 25/10/2012	
	GBH 771S - 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: