INS. CASE OWNER:

CC4/III21012586/ra3

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **13/12/2021**

Registered in Merimen: **13/12/2021**

Pre-assign / CCU / FTE

Insured Vehicle No.　:　**SJC 143L** _____　　Claim No.　:　_____

Name of Insured　:　_____　　Policy No.　:　_____

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

Excess Sec II :S$ _____　D.O.A : **04/12/2021 16:50**　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**

SJZ 2189X ⟶

INSRS: WSP: **PROGRESSIVE** Tel : **CAR CARE** Liability : **PTE LTD** RMKS:	⟶ INSRS: WSP: Tel : Liability : RMKS:	⟶ INSRS: WSP: Tel : Liability : RMKS:	⟶ INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SJZ 2189X - X　　　　SJC 143L - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
28/2/2022	TO CANCEL CASE. NO SURVEY DONE. PRIVATE SETTLEMENT REACHED.	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: