15/5/2010

INS. CASE OWNER:

CC4/AIG21012664/Vrs3

ASSIGNMENT

Surveyor:	**Thevan**	DOI: 14/12/2021

Date / Time : 14/12/2021

Registered in Merimen: 14/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No.	:	**SJU 1898R**	Claim No.	:
Name of Insured	:	**NG BEE WOON**	Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : **11/12/2021**	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**

SHA 9807E ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: COMFORTDELGRO	WSP:	WSP:	WSP:
Tel : (LOYANG)	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	SHA 9807E : CC3/AIG14016705/H1ua3q2 ; DOA : 29/08/2014	
	SJU 1898R : CC4/LPC18007898/Awb3n2 ; DOA : 28/04/2018	

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:	% (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 + LO ☐ [**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 ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	