15/5/2010

INS. CASE OWNER: CC4/III22003143/Rea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 05/04/2022 Date / Time : 05/04/2022

Registered in Merimen: 05/04/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SNC 2852M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 02.04.2022 18:40 Place of Accident : UPPER THOMSON RD

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**

SLG 6292E → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: VOLKSWAGEN	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	SLG 6292E - CC3/AIG20004392/Eba3n2 ; 21.03.2020	**STAGE** **DATE / PIC**
	SNC 2852M - X	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 :
	Reject Case	Medical Bill:
	By (staff) :	PIR:
	Approved by : 11/05/22	Mandate/Reject Instruction:
	Date :	LOD
		Payment Breakdown Form:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MRB
Repair Cost: P/P	S$ 12,023.59 (6 days) Reduction: 28 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11.05.22	Confirm with EXC CHECK ITEM $93.38	Email ☐ Call ☐
Final Liability:	% 0 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$	TP MOVE OFF STATIONARY ENTER YELLOW BOX HIT OID	
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: TP
Legal Cost	S$		3) Survey fee: $450
Total:	**S$**	**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:		