CC6/AIG22004453/Aea3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **ADRIAN**　　DOI: **05/05/2022**　　Date / Time : **05/05/2022**

Registered in Merimen: **12/05/2022**

Pre-assign / CCU / FTE

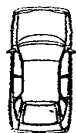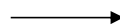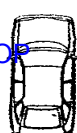|	
Insured Vehicle No. : **SMP 8731H**	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **04/05/2022 16:45**	Place of Accident : **ALONG AIRPORT ROAD TOWARDS EUNOS LINK**
Is driver the owner? (YES / NO)	Nature of Accident :

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**

SLZ 8601J ⟶ **SMP 8731H** ⟶　**SLU 819C** ⟶

INSRS:	INSRS:		INSRS: **XIN HUA WORKSHOP PTE LTD**	INSRS:
WSP:	WSP:		WSP:	WSP:
Tel :	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS: **OI**		RMKS: **TP**	RMKS:

Date/ Time	SLU 819C - NA/LPC19011028/z4 ; 21.06.2019	STAGE	DATE / PIC
	SMP 8731H - 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 :	☐	☐
		Medical Bill:	☐	☐
		PIR:	☐	☐
		Mandate/Reject Instruction:	☐	☐
		LOD	☐	☐
		Payment Breakdown Form:		☐

PRELIMINARY ADVICE　Date/Time:　　Sent By:　　Post-Repair Photos: ☐ ☐

Others: ☐ ☐

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: