

INS. CASE OWNER:

CC4/LPC22005511/pa3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **09/06/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 5036U**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : **9/6/2022**

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****SKA 1976S**INSRS:
WSP: **RYDER AUTO**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SKA 1976S - X		
YN 5036U - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By (1st):
CS3/INC19015223/Fcd3	12/09/2019 SLK 5186P YN 5036U 26/08/2019 12/09/2019 ATS	Non-Reporting ltr (2nd):
CS3/INC19015223/Kqd3s2-1	16/09/2020 SLK 5186P YN 5036U 26/08/2019 17/09/2020	Final Reporting ltr (Final):
NBA/LIP18019827/Y	31/10/2018 KIM MI YOUNG SKK 7098J YN 5036U 25/10/2018 07/11/2018 RBA	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: _____	