| INS. CASE OWNER: | **CC4/LPC22005776/Upa3** | LKK: |
| | | IDAC: |

ASSIGNMENT

Surveyor: **MARCUS** DOI: **17/06/2022** Date / Time : **17/06/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **XD 7713A** Claim No. : **22/22/22/VC05/025938**

Name of Insured : Policy No. : **Z22VC05010695**

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : **15/06/2022** 16:00 Place of Accident : 920 New Upper Changi Rd, Tanah Merah,
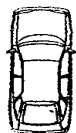
Is driver the owner? (YES / NO) Nature of Accident : NEAR TANAH MERAH MRT SINGAPORE

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**

SJE 3416U ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **Progressive**	WSP:	WSP:	WSP:
Tel : **Car Care Pte Ltd**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SJE 3416U - X XD 7713A - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	***TP converted to OD**	Notification ltr (if non-pickup):	
		Call OI:	
	***Submit WP to LPC**	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~~ **Submit** Date/Time:	Confirm with:	Confirm by:
Repair Cost: **P/P** S$ **3,142.25** (**3** days) Reduction: **41** %-Excluded check items **$397.50**	Email ☐ Call ☐	

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

		If NO or B 28, Ass. Lia :
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	
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/**WP**
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **$250.00**
Total:	**S$** 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: