INS. CASE OWNER: ~~CC4/AIS22006804/ga3~~ | IDAC:

ASSIGNMENT

CC4/AIS22006804/Rga3

Surveyor: RASUL | DOI: 19/07/2022 | Date / Time : 18/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBC 6282Z	Claim No. :	TP / SVRAISCL2022-00036
Name of Insured :		Policy No. :	SPMF1000000538
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 12.07.2022 12:42	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

PC 494C → ______ → ______ → ______

INSRS: Lexbuild Auto & Trading Pte Ltd WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
PC 494C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
NA/TMI17012944/r3 04/07/2017 STANLEY FOO MIN SAN SJH 1111X PC 494C 03/07/2017 06/07/2017 RBW	
GBC 6282Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
NA/AIG17019622/k4 12/10/2017 KABIR HUMAUN GBC 6282Z SLL 8122Z 10/10/2017 17/10/2017 KSG	
28/7/22.	Rejection email to TP - based on damages, TP rear ended. OI.
	~~check item : 1800/- (Rd. 17,810 (91%)~~

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: ~~wo~~rk (pp) S$ 15,400.00 (6 days) Reduction: 4210.00 % 21 Email ☐ Call ☐

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

Final Liability:	% 0. (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: WP.
Legal Cost	S$	3) Survey fee: $350/-
Total:	**S$** **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:	