

INS. CASE OWNER:

CC6/AIG22008302/pa3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **25/08/2022**Registered in Merimen: **28/08/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLA 4484M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **23/08/2022 18:10**Place of Accident : **PAYA LEBAR ROAD**

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****GBJ 2184M**INSRS:
WSP: **JIN AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					STAGE	DATE / PIC
GBJ 2184M - X						
SLA 4484M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date					Non-Reporting Ltr (1st):	Non-Reporting Ltr (2nd):
CS/AIG22000762/T1sd3e2 09/04/2020 SLN 1893S SLA 4484M 15/11/2019					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)				
Legal Cost	S\$	2) Report Format:				
		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:				