

INS. CASE OWNER:

CC6/AIS22008574/Kea3

IDAC:

ASSIGNMENT

Surveyor:

KENNETHDOI: **29.08.2022**Date / Time : **29.08.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBL 7371X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26/08/2022 17:15**

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

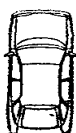
If NO, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SGT 9363E**INSRS: **TSR**
WSP: **AUTOMOTIVE**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	STAGE	Created By	DATE / PIC
SGT 9363E -	NA/INC18074784/Z4 14/08/2018 NEO SAY KIONG (LIANG XIQIANG) SGT 9363E GBG	Non-Reporting ltr (1st):	8/24/18	13/08/2018 16/08/2018 HZT
GBL 7371X - X		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: _____			