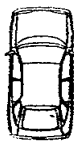|		
INS. CASE OWNER:	**CC4/LPC22008999/Upa3**	LKK: IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: **13.09.2022**   Date / Time : **13.09.2022**

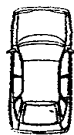Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **GBH 1386P**

Name of Insured   :   _____

Insured Tel No.   :   _____   HP: _____

Excess Sec II :S$ D.O.A : **12.09.2022**

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

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

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

Claim No.   : _____
Policy No.   : _____
Make / Model   : _____
Place of Accident : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability :   %   **Final ? Yes / No**

SMW 784X ——→ _____ ——→ _____ _____ ——→ _____

INSRS: WSP: **FASTECH** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:
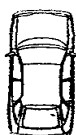
Date/ Time		STAGE	DATE / PIC
SMW 784X -X **GBH 1386P -** Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/CTI19014871/Kea3n2 20/01/2020 SLQ 7424H GBH 1386P 16/08/2019 20/01/2020 HMK		Non-Reporting ltr (1st):	
		Non-Reporting ltr (Final):	
		Notification 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: 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:	