

INS. CASE OWNER:

CC4/AIG22011156/pa3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **08/11/2022**Registered in Merimen: **08/11/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKG 5525C**

Claim No. : _____

Name of Insured : **LIM POH QUEE**Policy No. : **1700075250**

Insured Tel No. : _____ HP: _____

Make / Model : **Nissan Qashqai****Excess Sec II :S\$** _____ D.O.A : **30/10/2022 09:05**Place of Accident : **ANAMALAI AVE SERVICE ROAD TOWARD SIXTH AVE**

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****FBR 4224B**INSRS:
WSP: **Pang Scooter Service**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
FBR 4224B - X			
SKG 5525C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. ANO Report Date (S)			
CC6/AXA13023684/Ksy3q2 28/04/2014 SGB 2843C SKG 5525C 01/12/2013 14/02/2014 KYS			
CS/AXA13022752/Ry1bk3 11/02/2014 SKG 5525C 01/12/2013 14/02/2014 OKL			
		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:	