			LKK:
INS. CASE OWNER:	**CC6/CTI23001774/pa3**		IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 15.02.2023

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : PA 8481Y   Claim No. : _____

Name of Insured : _____   Policy No. : _____
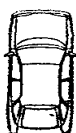
Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 15/02/2023 07:40   Place of Accident : SLIP ROAD FROM PIT TO TOH TUCK 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**

SGV 587A →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Falcon Air Auto	WSP:	WSP:	WSP:
Tel : Services Pte Ltd	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
SGV 587A - X			
PA 8481Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Acc...	No Reporting Close Date Created By	
CC4/ASM18022354/Kha3q2 14/06/2019 SJC 1186G PA 8481Y 11/12...	Non Reporting 20/06/2019 HMK	
NA/CTI18016018/r3 03/09/2018 CHUA HONG WEI GBB 8577R PA 848...	Non Reporting 06/09/2018 RBW	
NA/TMI22000316/r3 10/01/2022 CHEW KOCK WEE SBH 5577D PA 848...	Notification 12/01/2022 RBW	
		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:	