

INS. CASE OWNER:

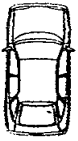
CC4/III23003870/Kya3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 14.04.2023Registered in Merimen: 14.04.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SNC 6932P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/04/2023 14:40

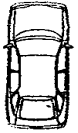
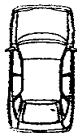
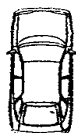
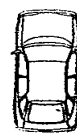
Place of Accident : _____

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**SLK 590MINSRS:
WSP: **KUM CHEW
MOTOR
WORKSHOP**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLK 590M -X		SNC 6932P - X		STAGE	DATE / PIC
					Non-Reporting ltr (1st):	
					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:				