

INS. CASE OWNER:

CC4/AIS23005007/Apa3

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

Date / Time : **16.05.2023**Registered in Merimen: **16.05.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **YN 8533G**

Claim No. :

Name of Insured : **HUP HENG POULTRY INDUSTRIES PTE LTD**

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$ _____ D.O.A : **14.05.2023 00:50**

Place of Accident : _____

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

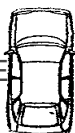
If **NO**, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**GBF 3325M**INSRS:
WSP: **N-51**
Tel : **AUTOMOTIVE**
Liability **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	YN 8533G - X	STAGE	DATE / PIC		
	GBF 3325M - NA/LPC20001118/z4 ; 18.01.2020	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:			