15/5/2010

INS. CASE OWNER:

CC4/AIS23005364/Kpa3

ASSIGNMENT

Surveyor: **KENNETH**   DOI: 26.05.2023   Date / Time : 26.05.2023

Registered in Merimen: 26.05.2023

Pre-assign / CCU / FTE

Insured Vehicle No. :	**GBM 1547R**	Claim No. :
Name of Insured :		Policy No. :
Insured Tel No. :	HP:	Make / Model :

Excess Sec II :S$ D.O.A : 24.05.2023 16:56   Place of Accident :
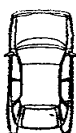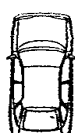
Is driver the owner?   (YES / NO)   Nature of Accident :

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**

SNF 307T   ⟶   ⟶   ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **CHENG HOE**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SNF 307T - X GBM 1547R - X	STAGE	DATE / PIC
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SNF307T Date of Loss: 24/05/2023 (TP)	Non-Reporting ltr (Final):	
	Insurer: Allianz Insurance Singapore Pte. Ltd.	Notification ltr (if non-pickup):	
	Repairer: Cheng Hoe Motor Pte Ltd (Yishun)	Call OI:	
		After call ltr to OI:	
	Please CONFIRM that this is NOT the same case you are creating.	**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:	