		LKK:
INS. CASE OWNER:	**CC4/III23005810/pa3**	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **08.06.2023**

Registered in Merimen: **08.06.2023 by wksp**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBH 1788M** Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **04/06/2023** Place of Accident : _____

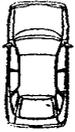Is driver the owner? (YES / NO) Nature of Accident : _____

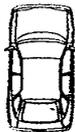If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

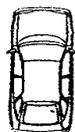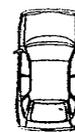Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ____ % **Final ? Yes / No**

SHA 3939Y ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS: **CDGE**	INSRS:	INSRS:	INSRS:
WSP: **LOYANG**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
SHA 3939Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC/AIG07000323/Vts 01/09/2007 SHA 3939Y SCK 6611D 04/08/2007 11/09/2007 TJS	
CC3/AIG11011396/H1jr1k2 22/07/2011 SHA 3939Y SGF 7222R 10/06/2011 28/07/2011 TCT	
CC3/AIG15018027/Gpb3n2 16/11/2015 SHA 3939Y SCM 1999H 21/10/2015 17/11/2015 LSP	
CS/FCI14015453/Uvbu2 20/08/2014 SJN 5107B SHA 3939Y 11/08/2014 21/08/2014 CKN	
CS/INC09002430/Ccr 09/02/2009 SHA 3939Y GN 3196S 16/01/2009 16/02/2009 CPH	
GBH 1788M - X	

	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:		
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: