

INS. CASE OWNER:

CC4/AIS23007026/ya3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **12.07.2023**Registered in Merimen: **12.07.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLQ 7459H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **09.07.2023 14:00**

Place of Accident : _____

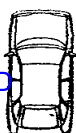
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SJL 6150D**INSRS: **WAH HONG**
WSP: **MOTORS &**
Tel : **CREDIT PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	DATE / PIC
SJL 6150D	NA/III17017136/h4 05/09/2017 TAN HACK CHOON SJL 6150D SJE 6895A 04/09/2017 LSH	Non-Reporting ltr (1st):
SLQ 7459H	NA/AIG21007346/r3 05/07/2021 PANG YUN FONG(PENG YUNHUANG) SLS 6666Y SLQ 7459H 03/07/2021 RBW	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List:
		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: _____	