

INS. CASE OWNER:

CD/LPC24100286/Rpa3(N)

IDAC:

**ASSIGNMENT**Surveyor: **RASUL**DOI: **18/11/2024**

Date / Time : \_\_\_\_\_

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 6466J**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **14/10/2024**

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****SGZ 2892J**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                              |                                                        | 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:                                                   |                          |
|                                                                                                                                                                      |                              |                                                        | <b>Documentation Check List:</b>                                        | <b>Handler</b>           |
|                                                                                                                                                                      |                              |                                                        | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | After call ltr to OI:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Authorisation To Act:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Release Voucher:                                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Final Repair Bill:                                                      | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Car Rental Invoice:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Towing Invoice                                                          | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | LTA / GIA :                                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Medical Bill:                                                           | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | PIR:                                                                    | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Mandate/Reject Instruction:                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | LOD                                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Payment Breakdown Form:                                                 | <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                   | Sent By:                                               | Post-Repair Photos:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                        | Others:                                                                 | <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                   | Confirm with:                                          | Confirm by:                                                             |                          |
| Repair Cost: <b>P/P</b>                                                                                                                                              | S\$ <b>2,155.00</b>          | ( <b>3</b> days) Reduction: <b>55</b> %                | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>21/03/2025</b> | Confirm with <b>AMANDA</b>                             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability:                                                                                                                                                     | % <b>100</b>                 | (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>          | If NO or B 28, Ass. Lia :                                               |                          |
| Repair Cost: <b>9%GST</b>                                                                                                                                            | S\$ <b>2,348.95</b>          |                                                        |                                                                         |                          |
| Loss of Rental (LOR): <b>9%GST</b>                                                                                                                                   | S\$ <b>741.20</b>            | ( <b>4</b> days) X \$170.00                            |                                                                         |                          |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)              |                                                        |                                                                         |                          |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)              |                                                        |                                                                         |                          |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                              |                                                        |                                                                         |                          |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>2.18</b>              |                                                        |                                                                         |                          |
| Medical:                                                                                                                                                             | S\$                          |                                                        | 1) Claim status: Normal/ <del>Reject/Private Sale</del>                 |                          |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent ) |                                                        | 2) Report Format: <b>TP</b>                                             |                          |
| Legal Cost                                                                                                                                                           | S\$                          |                                                        | 3) Survey fee: <b>\$450.00</b>                                          |                          |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>3,092.33</b>          | <b>Global Sum S\$:</b>                                 |                                                                         |                          |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                   | Confirm with:                                          | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| Payee 1:                                                                                                                                                             | S\$ <b>3,092.33</b>          | Name 1: <b>CYCLE &amp; CARRIAGE INDUSTRIES PTE LTD</b> |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                          | Name 2:                                                |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                          | Name 3:                                                |                                                                         |                          |