

INS. CASE OWNER:

CD/CTI24120377/Aua3

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : _____

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**
 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:	
		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: L/S	S\$ 7,600.00 (6 days) Reduction: 69 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 03/06/25 Confirm with IRENE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : BOLA 1	If NO or B 28, Ass. Lia :	
Repair Cost: 9%GST	S\$ 8,284.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 420.00 (\$ 60 x 7 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 27.25		
Medical:	S\$ _____		
Disbursement:	S\$ 50.00 (e.g. Tow Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ _____	2) Report Format: TP	
		3) Survey fee: \$ 400.00	
Total:	S\$ 8,781.25	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 8,781.25	Name 1: HD PERFECT AUTOWORK PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	