

INS. CASE OWNER:

CC 6/CT11701 9138

LKK:
IDAC:

pa3

Surveyor:

Wang

DOI:

ASSIGNMENT

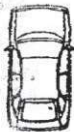
6-10-17

Date / Time :

5/10/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

G8G 4712K

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :\$

D.O.A :

4/10/17

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

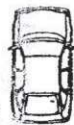
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

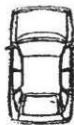
%

Final ? Yes / No

XD 9670B

INSRS:
WSP:
Tel :
Liability :
RMKS:

Vfix

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC	
XD 9670B - X ; ABG 4712K - X	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:	Confirm with:	Confirm by:
FINALIZATION	Repair Cost:	\$S 4,200.00	(3 days) Reduction: 60 %		Email ☐ Call ☐
FINAL SETTLEMENT	Final Liability:	% 80	(Agreed / Assessed) BOLA S/N No. : NIL	Weng Sheng	Email ☒ Call ☐
	Repair Cost:	\$S 4494	\$S 3,595.20		If NO or B 28, Ass. Lia :
	Loss of Rental (LOR):	\$S -	(days)		
	Loss of Use (LOU):	\$S 450	\$S 360.00 (\$150 x 3 days)		
	Loss of Income (LOI):	\$S -	(\$ x days)		
	LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
	CIA/LTA Search	\$S 5.35			
	Medical:	\$S -			1) Claim status: Normal/Reject/Private Sewer
	Disbursement:	\$S -	(e.g. Tow/Independent)		2) Report Format: TP
	Legal Cost	\$S -			3) Survey fee: \$400
	Total:	\$S 3,960.55	Global Sum \$S: 4,000.00		
FINAL PAYMENT	Date/Time:		Confirm with:	Email ☐ Call ☐	
	Payee 1:	\$S 4,000.00	Name 1:	Vfix Auto Service Pte Ltd	
	Payee 2: (Strike if N.A.)	\$S	Name 2:		
	Payee 3: (Strike if N.A.)	\$S	Name 3:		