

INS. CASE OWNER: JOEL CC 3 / CTI170 23280 1 K1haz LKK: _____ IDAC: _____

ASSIGNMENT

Surveyor: KALVIN DOI: 06/12/17 Date / Time: 06/12/17
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJD 5915M Claim No. : CNM17D06948C02/5
Name of Insured : KOO PEK TEONG Policy No. : DMPCSN3016711701
Insured Tel No. : _____ HP: 9227 3826 Make / Model : TOYOTA VIOS J AUTO
Excess Sec II : SS _____ D.O.A : 05/12/17 Place of Accident : BEFORE JUNG SAM LEONG RD & VERDUN RD
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 8106B



INSRS: _____
WSP: COGE (Layang)
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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others: <u>TP SCENE PHOTOS</u>	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: <u>07/12/17</u> Sent By: <u>Shirley Hwee</u>		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>P/P</u> S\$ <u>1,055.20</u> (<u>2</u> days) Reduction: <u>54</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>27/12/17</u> Confirm with: <u>WILLIAM</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: _____ % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u> If NO or B 28, Ass. Lia : _____		
Repair Cost: <u>(w/650)</u> S\$ <u>1,129.06</u> <u>(010 ROU/650)</u>		
Loss of Rental (LOR): S\$ <u>312.50</u> (<u>2.5</u> days) x <u>125.00</u>		
Loss of Use (LOU): S\$ <u>125.00</u> (\$ <u>50</u> x <u>2.5</u> days)		
Loss of Income (LOI): S\$ <u>-</u> (\$ <u>-</u> x <u>-</u> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u>5.35</u>		
Medical: S\$ <u>-</u>		
Disbursement: S\$ <u>-</u> (e.g. Tow/Independent)		
Legal Cost S\$ <u>-</u>		
Total: S\$ <u>1,571.91</u> Global Sum S\$: <u>1,570.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <u>1,570.00</u> Name 1: <u>COMFORTEPACRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ <u>-</u> Name 2: _____		
Payee 3: (Strike if N.A.) S\$ <u>-</u> Name 3: _____		