15/5/2010

INS. CASE OWNER: | CC 6 /CTI1800 6279, 4mb3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: marcus DOI: 5/4/18 Date / Time : 5/4/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : CB 4111R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/3/18 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**

PC 3420H → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: VL	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : BRO	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	PC 3420H –
	CB 4111R – NBA1CT11800586/4 DOA: 28/3/18

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:	X	
Authorisation To Act:	X	
Release Voucher:	X	
Final Repair Bill:	X	
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:	X	
LOD	X	
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: 08/04/2020 Confirm with Adeline Seng	Email X Call ☐
Final Liability:	% 100% (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,955.00	OID rear-ended TP
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 900.00 ($150.00 x 6 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐	LOU only X 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: TP
Legal Cost	S$ -	3) Survey fee: $400.00
Total:	S$7,855.00 **Global Sum S$:** -	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,855.00	Name 1:	LEE BROTHERS AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S$ -	Name 3:	-