

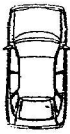
INS. CASE OWNER:

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 : _____

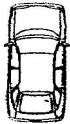
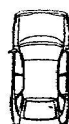
Place of Accident : _____

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
			Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input checked="" type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input checked="" type="checkbox"/>
			PIR:	<input checked="" type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input checked="" type="checkbox"/>
			Others:	<input checked="" type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: ADRIAN				
Repair Cost: TOTAL LOSS S\$ 1000.00 (10 days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>				
FINAL SETTLEMENT Date/Time: 12/07/2019 Confirm with MANI Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :				
Repair Cost: TOTAL LOSS S\$ 1000.00				
Loss of Rental (LOR): S\$ _____ (_____ days) TOTAL LOSS CASE, NO EST LIST				
Loss of Use (LOU): S\$ 500.00 (\$ 50.00 x 10 days) AS TOLD BY ADRIAN				
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days) MV: \$7.5K				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] PV: \$6.4K				
GIA/LTA Search S\$ _____ NV: \$1.1K				
Medical: S\$ _____ 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle				
Disbursement: S\$ _____ (e.g. Tow/ Independent) 2) Report Format: TP				
Legal Cost S\$ _____ 3) Survey fee: \$350.00				
Total: S\$ 1500.00 Global Sum S\$: _____				
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Payee 1: S\$ 1500.00 Name 1: OUR BRO'S WORKSHOP (S) PTE LTD				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				