

15/5/2010

INS. CASE OWNER:

Richard | CC 4 / AXA 1801 1102, FLA 163

LKK:
IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT
18/6/18

Date / Time :

19/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKB 97296

Claim No. :

SBM00F20/52088

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

14/6/18

Make / Model :

Excess Sec II : \$\$

D.O.A :

Place of Accident :

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

SKB 3000T



INSRS:
WSP:
Tel :
Liability :
RMKS:

10/6/18
W



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 type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input 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 type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 800.00	(2 days) Reduction: 34 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 22/06/2020	Confirm with: Catherine	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28. Ass. Lia :
Repair Cost: w/GST	\$S 856.00		
Loss of Rental (LOR):	\$S 503.40	(3 days) x \$167.80	
Loss of Use (LOU):	\$S	(\$ x days)	
Loss of Income (LOI):	\$S 150.00	(\$ 50.00 x 3 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/>		[Tick only one]	
GIA/LTA Search	\$S 7.45		
Medical:	\$S		1) Claim status: Normal/ Final/Dispute/Other
Disbursement:	\$S	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$S		3) Survey fee: \$350.00 + \$2.54
Total:	\$S 1,516.85	Global Sum \$S: 1,510.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 1,510.00	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	