

15/5/2010

INS. CASE OWNER:

CC 4 / III 1801

7684, T2 P63

LKK:
IDAC:

Surveyor:

Tanfiah

DOI:

ASSIGNMENT

27/3/18

Date / Time:

27/3/18

Registered in Merimen:

27/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : 5HD 3075P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 27/3/18

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

SFS 1717



INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE/ PIC	
27/3/18 - 29/12/2020 5HD 3075P - 4	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"/>	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: P/P \$S 27,496.87 (6 days) Reduction: 24,916.52 % 48	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 29/12/2020 Confirm with SUANN	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :		
Repair Cost: (W/GST) \$S 29,421.65	C.C (OI LAST)		
Loss of Rental (LOR): \$S 1027.20 (8 days) x \$128.40 (W/GST)			
Loss of Use (LOU): \$S (S x days)			
Loss of Income (LOI): \$S (S x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search \$S 7.49			
Medical: \$S	1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle		
Disbursement: \$S (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost \$S	3) Survey fee: 600.00		
Total: \$S 30,456.34 Global Sum \$S:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1: \$S 30,456.34 Name 1: MOVA AUTOMOTIVE PTE LTD			
Payee 2: (Strike if N.A.) \$S Name 2:			
Payee 3: (Strike if N.A.) \$S Name 3:			

