

15/5/2010

INS. CASE OWNER:

CCP/III1801

5506, k 203

LKK:

IDAC:

Surveyor:

fsc

DOI:

ASSIGNMENT

19/8/18

Date / Time:

24/8/18

Registered in Merimen:

19/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 7665F

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

17/8/18

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:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

PA9465m



INSRS:

WSP:

Tel:

Liability:

RMKS:

COGE
BRADEN

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
03/11/2020	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:		
Repair Cost: L/sum	S\$ 33,000.00	(12 days) Reduction: 17 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 30/10/2020	Confirm with: Cecilia	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 4a	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 35,310.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 2,800.00	S\$ 200 x 14 days)		
Loss of Income (LOI):	S\$ (S x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/ Reject Private Sec		
Legal Cost	S\$	2) Report Format: TP		
		3) Survey fee: \$600.00		
Total:	S\$ 38,110.00	Global Sum S\$: 38,000.00 (III settled with TP)		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 38,000.00	Name 1:	ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		