

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 6169C

Claim No. : S8M00T26

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$\$ D.O.A : 23/08/2018

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

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

If NO, Driver Name / Age :

Insured Liability : % Final ? Yes / No

Driver Tel No. :

(V/L: YES / NO)

SMC 955A

INSRS:
WSP:
Tel :
Liability :
RMKS:

ESTEM

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)	☐ ☐
	After call ltr to OI:	☒ ☐
	Authorisation To Act:	☒ ☐
	Release Voucher:	☒ ☐
	Final Repair Bill:	☒ ☐
	Car Rental Invoice:	☒ ☐
	Towing Invoice	☐ ☐
	(LTA) / GIA :	☒ ☐
	Medical Bill:	☐ ☐
	PIR:	☐ ☐
	Mandate/Reject Instruction:	☒ ☐
	LOD	☒ ☐
	Payment Breakdown Form:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
25/06/2020	settled & closed.	
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: PIP	SS 3,252.36 (4 days) Reduction: 39.69 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 25/06/2020 Confirm with CARMEN Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 21.	If NO or B 28, Ass. Lia :
Repair Cost: (w/gst)	SS 3,480.03	010 rear-ended TP.
Loss of Rental (LOR):	SS 280.00 (4 days) x \$70.00	
Loss of Use (LOU):	SS - (\$ x days)	
Loss of Income (LOI):	SS - (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	SS 7.45	1) Claim status: Normal/Reject/Private Settle
Medical:	SS -	2) Report Format: TP
Disbursement:	SS - (e.g. Tow/ Independent)	3) Survey fee: \$350.00
Legal Cost	SS -	
Total:	SS 3,767.48 Global Sum \$\$: 3,750.00	Email ☐ Call ☐
FINAL PAYMENT Date/Time: Confirm with:		
Payee 1:	SS 3,150.00 Name 1: ESTEEM PERFORMANCE PTE LTD	
Payee 2: (Strike if N.A.)	SS - Name 2: -	
Payee 3: (Strike if N.A.)	SS - Name 3: -	