

ds3

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801

6442, 6/11/18

LKK:

IDAC:

Surveyor:

ABQ

DOI:

ASSIGNMENT

2/9/18

Date / Time :

7/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBD 5902U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

6/1/18

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

FBP 41775



INSRS:

WSP:

Tel :

Liability :

RMKS:

SQ
98

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
FBP 41775 -x	Non-Reporting ltr (1st):	
GBD 5902U -x	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:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	\$S 600.00	(2 days) Reduction: 51 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 01/07/2020	Confirm with Linda	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 600.00			
Loss of Rental (LOR):	\$S -	(days)		
Loss of Use (LOU):	\$S 40.00	(\$ 20 x 2 days)		
Loss of Income (LOI):	\$S -	(\$ x days)		
LOR only ☐ LOU only ☒	☒ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	\$S -			
Medical:	\$S -			
Disbursement:	\$S -	(e.g. Tow/ Independent)		
Legal Cost	\$S -			
Total:	\$S 640.00	Global Sum \$S:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$S 640.00	Name 1: SG 98 Motor Pte Ltd		
Payee 2: (Strike if N.A.)	\$S -	Name 2:		
Payee 3: (Strike if N.A.)	\$S -	Name 3:		