

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801 7154, 72463

LKK:

IDAC:

Surveyor:

Tanfikh.

DOI:

ASSIGNMENT

26/9/18

Date / Time :

19/9/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGV 7399E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 10/9/18

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

XE 471m



INSRS: goldbell
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
XE 471m - x	SGV 7399E - y	
	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: MTH
Repair Cost: L/S \$S 2,250.00 (3 days) Reduction: 90 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 25.09.20 Confirm with CATHERINE	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST \$S 2,407.50	OI REAR ENDED TP	
Loss of Rental (LOR): \$S - (days)		
Loss of Use (LOU): \$S 540.00 (\$ 180 x 3 days)		
Loss of Income (LOI): \$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 2.00		
Medical: \$S -	1) Claim status: Normal/Project/Private Settlement	
Disbursement: \$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost \$S -	3) Survey fee: \$450	
Total: \$S 2,949.50	Global Sum \$S:	
FINAL PAYMENT Date/Time: 25.09.20 Confirm with: CATHERINE	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: \$S 2,949.50	Name 1: GOLDBELL ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.) \$S	Name 2:	
Payee 3: (Strike if N.A.) \$S	Name 3:	