

INS. CASE OWNER:

CC 4/III 180

Surveyor:

UMP

DOI:

ASSIGNMENT

26/11/2018

Date / Time :

19-11-18

Registered in Merimen:

19-11-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 1465 A

Claim No. : 6x

Name of Insured :

Policy No. :

Insured Tel No. : HP: 15/11/2018

Make / Model :

Excess Sec II : SS D.O.A : 15/11/2018

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

SKR 4436 J

INSRS:  
WSP: Auto N  
Tel : Cars.  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKR 4436 J - X	Non-Reporting ltr (1st):	
	SLT 1465 A - CC3/M1 60171641/2146502; 00A: 13/09/16	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
24/07/2020	Pls refer to VIEWS for details.	After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
20/06/2021	No docs from TP till date. *Submit WP report to III	Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S\$ 2,100.00	( 5 days)	Reduction: 52 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 24/07/2020	Confirm with: Darla	Email <input checked="" 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\$ 2,247.00			
Loss of Rental (LOR):	S\$ ( days)			
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 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 + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent )		
Legal Cost	S\$			
Total:	S\$ 2,547.00	Global Sum S\$:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 2,547.00	Name 1:	Auto N Cars Services Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

1) Claim status: Normal/TP ~~TP~~ /WP

2) Report Format: TP

3) Survey fee: ~~\$350.00~~ \$250.00