

INS. CASE OWNER:

cc 6, CT1 1900 1170, Aca3

LKK:

IDAC:

Surveyor:

mp

DOI:

ASSIGNMENT

12/1/19

Date / Time:

12/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

GBA 88624



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 16/01/19

Make / Model :

Excess Sec II :SS D.O.A: 16/01/19

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

STJ 2788 C

INSRS:
WSP: My Solution.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

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GBA 88624
NA/ALW9001048/13; nro 16/1/19

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:	☐	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:		Post-Repair Photos:	☐	☐
					Others:	☐	☐
FINALIZATION		Date/Time:	Confirm with:	Confirm by:			
Repair Cost:	S\$	(7 days)	Reduction:	%	Email	☐	Call ☐
FINAL SETTLEMENT		Date/Time: 06/04/2020	Confirm with Ms Wong	Email ☒ Call ☐			
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :			
Repair Cost: (w/GST)	S\$ 3,959.00	OI reversing					
Loss of Rental (LOR):	S\$ -	(days)					
Loss of Use (LOU):	S\$ 640.00	(\$ 80 x 8 days)					
Loss of Income (LOI):	S\$ -	(\$ x days)					
LOR only ☐ LOU only ☒	☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]					
GIA/LTA Search	S\$ 7.45						
Medical:	S\$ -			1) Claim status: ☒ Normal/Reject/Private Settle			
Disbursement:	S\$ -	(e.g. Tow/ Independent)		2) Report Format: TP			
Legal Cost	S\$ -			3) Survey fee: \$400			
Total:	S\$ 4,606.45	Global Sum S\$:					
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐			
Payee 1:	S\$ 4,606.45	Name 1:	MG Solution Pte Ltd				
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	S\$	Name 3:					