15/5/2010

INS. CASE OWNER: Daniel | CC 4/111 1900 3961, A&a39 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Lup | DOI: 4/3/19 | Date / Time: 4/3/19

Registered in Merimen: 4/3/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SH0 3854 S		Claim No. :	
Name of Insured : CTPL		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 1/3/19	Place of Accident :	
Is driver the owner? (YES / NO) [NO circled]	Nature of Accident :		
If NO, Driver Name / Age :		OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]	
Driver Tel No. :	(V/L: YES / NO) [YES circled]	Insured Liability : %	Final ? Yes / No

SLC 3838Y → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Glockewerke.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
6/3 Abh	SLC3838Y - X ; SH03854S - NS(NCC 80 77136 (4/9h3n2 : DOA: 23/12/15
16.04.19	SEEK MANDATE FOR LIABILITY.
	MANDATE APPROVE LIABILITY.
	EMAIL WSP LIABILITY CLEAR.
8/8/19 –	File → typemandate
	* TP had submitted original LOU & docs to TI.
23/9/19 –	File → Suwanne to send PV

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:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 23/9/19	Confirm with Annabelle	Email [✓] Call [ ]
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 10100.00	4 VEH & OID LAST	COPY SENT
Loss of Rental (LOR):	S$ 800.00 (8 days)	X $100	
Loss of Use (LOU):	S$ – ($ x days)		
Loss of Income (LOI):	S$ – ($ x days)		
LOR only [✓] LOU only [ ]	LOR + LOU [ ]	LOR + LOI [ ] **[Tick only one]**	
GIA/LTA Search	S$ –		– PV no Company Stamp
Medical:	S$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format: Comp
Legal Cost	S$ –		3) Survey fee: $600.00
Total:	S$ 10900.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email [✓] Call [ ]
Payee 1:	S$ 10900.00	Name 1: Glockewerke	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	