15/5/2010

INS. CASE OWNER: | CC 4 /LPC1900 4358,72463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tan... DOI: 13/3/20. Date / Time: 11/3/20.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJW 4099A

Claim No. : 18/19/19/VP05/0M4998

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 6/3/20.

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**

SJP 9672E ⟶ SJW 4099A ⟶ SJS 7467Y ⟶ SHC 5382D

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: 01	INSRS: Auto Insure WSP: Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJS 7467Y - 4 SJW 4099A - 4

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: 08/04/2020	Confirm with Geraldine	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%
Repair Cost: (w/GST)	S$ 7,490.00		4 Veh C.C, OI was 3rd
Loss of Rental (LOR):	S$ 1,200.00 (10 days) x $120		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**			
GIA/LTA Search	S$ 2.00		
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: $450
Total:	**S$** 8,692.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 8,692.00	Name 1: Auto Insure Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	