

INS. CASE OWNER:

CC4/ASM19006566/R1pb3

IDAC:

ASSIGNMENTSurveyor: RASULDOI: 15/04/2019Date / Time : 12/04/2019

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SFS 8822X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : _____

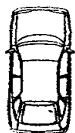
Place of Accident : _____

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**SKX 2785ZINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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\$ <u>12,283.27</u> (<u>8</u> days) Reduction: _____ %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>15/01/2020</u> Confirm with <u>Amanda</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S\$ <u>13,143.10</u>		
Loss of Rental (LOR):	\$S\$ <u>1,200.00</u> (<u>12</u> days) <u>x\$100</u>		
Loss of Use (LOU):	\$S\$ <u>-</u> (\$ <u>x</u> days)		
Loss of Income (LOI):	\$S\$ <u>-</u> (\$ <u>x</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S\$ <u>2.00</u>		
Medical:	\$S\$ <u>-</u>	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	\$S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$ <u>-</u>	3) Survey fee: <u>\$350.00</u>	
Total:	\$S\$ <u>14,345.10</u> Global Sum \$S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$S\$ <u>14,345.10</u> Name 1: <u>CYCLE & CARRIAGE INDUSTRIES Pte Ltd</u>		
Payee 2: (Strike if N.A.)	\$S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ Name 3: _____		

PLS SEE VIEWS FOR DEATILS