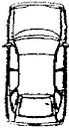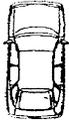15/5/2010

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _____	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A : _____	Place of Accident : _____

Is driver the owner?   (YES / NO)   Nature of Accident : _____
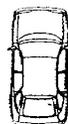
If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

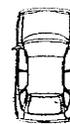Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

_____ → _____ → _____   _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	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: ADRIAN

Repair Cost: P/P S$ 2706.00 (3 days) Reduction: 9377.00 % 77 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/04/2020 Confirm with NADIA Email ✓ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2895.42		
Loss of Rental (LOR):	S$ 300.00 (3 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$ 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: $500
Total:	**S$ 3202.87**	**Global Sum S$:**	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ✓ Call ☐

Payee 1:	S$ 3202.87	Name 1:	PREMIUM AUTOMOBILES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	