

15/5/2010

INS. CASE OWNER:

CC 4/III1900 8719, K 9/11

LKK:  
IDAC:

Surveyor:

*KSC*

DOI:

ASSIGNMENT

*27/5/19*

Date / Time :

*15/5/19*

Registered in Merimen:

*16/5/19*

Pre-assign / CCU / FTE

*SHC 3912M*



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

*17/5/19*

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

*SMJ 336AK*



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

*Cheng Hoe*



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:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **P/P** S\$ **2,875.29** ( **5** days) Reduction: **22** % Email  Call

FINAL SETTLEMENT Date/Time: **20/04/2020** Confirm with **June** Email  Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia :

Repair Cost w/GST S\$ **3,076.56**

Loss of Rental (LOR): S\$ ( days)

Loss of Use (LOU): S\$ **480.00** (S **80** x **6** days)

Loss of Income (LOI): S\$ (S x days)

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]

GIA/LTA Search S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent )

Legal Cost S\$

**Total:** S\$ **3,556.56** **Global Sum S\$:**

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: S\$ **3,556.56** Name 1: **Cheng Hoe Motor Pte Ltd**

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

ps3

TP  
**\$350.00**