

INS. CASE OWNER:

CC 41 PWD 19010677 / ~~1 P/03~~

ASSIGNMENT

Surveyor:

Adrian.

DOI:

14/06/2019

Date / Time :

14/06/2019

Registered in Merimen:

17/06/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 97C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 07/06/2019

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

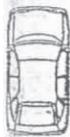
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(VL: YES / NO)

Insured Liability : % Final ? Yes / No

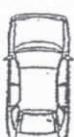
SMK 8147X



INSRS: Green Forest
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time

SMK 8147X - X

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)	<input type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
PIR:	<input type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
LOD	<input type="checkbox"/> <input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

RELIMINARY ADVICE Date/Time: Sent By: Confirm by:

REPAIR COST: L/SUM S\$ 24,500.00 (28 days) Reduction: 52 % Email Call

FINAL SETTLEMENT Date/Time: 9/7/2021 Confirm with CHRIS Email Call

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

Repair Cost: S\$ 26,215.00

Loss of Rental (LOR): S\$ (days) Loss of Use (LOU): S\$ 3,300.00 (\$ 100 x 33 days) Loss of Income (LOI): S\$ (\$ x days)

OR only LOU only LOR + LOU LOR + LOI [Tick only one]

A/LTA Search S\$ 7.45 Medical: S\$ 1) Claim status: Normal/Reject/True/Other

Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format: TP 3) Survey fee: 500.00

Total: S\$ 29,522.45 Global Sum S\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call Fee 1: S\$ 29,522.45 Name 1: Green Forest Automobile Pte Ltd

