

INS. CASE OWNER:

BERNARD

CC 61A1619011626 1 A ha3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

26/6/19

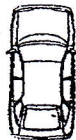
Date / Time:

26/6/19

Registered in Merimen:

1/7/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLM 3847 T

Claim No.:

14861031836G

Name of Insured:

Asia Carz Leasing Pte Ltd

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A: 24/6/2019

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

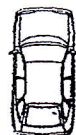
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SMK 2002 U



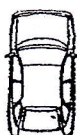
INSRS:

WSP: CAS Garage

Tel:

Liability:

RMKS:



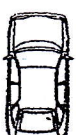
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
	SMK 2002 U	Non-Reporting ltr (1st):	
	SLM 3847 T	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
09/07/19	- MIB PROVIDED. OLD CHARGES CAME. SEND LETTER IN ENCL TO OI TO NOTIFY TP CLAIM IN NCP ISSUED.	Call OI:	
		After call ltr to OI:	09/07/19 - vic
		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:	US	S\$ 6,280.00 (5 days) Reduction:	63 %	Email ☐ Call ☐
--------------	----	-----------------------------------	------	--

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
------------------	------------	---------------	---

Final Liability:	%	100 (Agreed / Assessed) BOLA S/N No.:	15	If NO or B 28, Ass. Lia:
------------------	---	---------------------------------------	----	--------------------------

Repair Cost:	S\$	6,280.00		(OLD CHARGES CAME)
--------------	-----	----------	--	--------------------

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

Loss of Use (LOU):	S\$	700.00 (\$ 100 x 7 days)		
--------------------	-----	--------------------------	--	--

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

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
--	--	--	--	--

GIA/LTA Search	S\$	36.45		
----------------	-----	-------	--	--

Medical:	S\$	-		1) Claim status: Normal/Reject/Private Settle
----------	-----	---	--	---

Disbursement:	S\$	-	(e.g. Tow/ Independent)	2) Report Format:
---------------	-----	---	--------------------------	-------------------

Legal Cost:	S\$	-		3) Survey fee: 4320.00
-------------	-----	---	--	------------------------

Total:	S\$	6,986.45	Global Sum S\$:	6,980.00
--------	-----	----------	-----------------	----------

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
---------------	------------	---------------	--

Payee 1:	S\$	6,980.00	Name 1:	CAS GARAGE PTE LTD
----------	-----	----------	---------	--------------------

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

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