

INS. CASE OWNER:

CC 6, AG 190 11647, A ka3

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

17/19

Date / Time:

2/7/2019

Registered in Merimen:

2/7/19

Pre-assign / CCU / FTE

SPM 8858 Z



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

30/6/2019

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

CLASSER



INSRS:

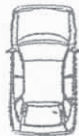
WSP:

Tel:

Liability:

RMKS:

Cas Garage.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE		DATE / PIC
CLASSER - X ; SPM 8858 Z - X	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:		
	Notification ltr (if non-pickup)	Handler	Typist
	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:	☐	☐	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
			Others:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S S\$ 5,150.00 (6 days) Reduction: 11,564.24/69 %		Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 19/8/2020	Confirm with NICOLE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. 27		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 5,150.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 320.00 (\$ 40 x 8 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\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 5,477.45	Global Sum S\$: 5,390.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 5,390.00	Name 1: CAS GARAGE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320

