

15/5/2010

INS. CASE OWNER:

CC4/Alh 19012310, T1 ka3

LKK:

IDAC:

Surveyor:

MMH

DOI:

ASSIGNMENT

11/07/2019

Date / Time:

11/07/19

Registered in Merimen:

11/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKX 2696 Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A: 7/7/19

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

SLV 1136 C

INSRS:
WSP: ACE Autolution
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLV 1136 C : CS / MSG / 19012310 / 13 : D.O.A : 27/5/19	Non-Reporting ltr (1st):	
NA / MSG / 19010844 / K14 : D.O.A : 27/5/19	Non-Reporting ltr (2nd):	
SKX 2696 Y : X	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:	
	Fipal 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: MTH		
Repair Cost: L/S \$S 6,500.00 (7 days) Reduction: 72%	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 30.05.22 Confirm with ACE	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: NIL	If NO or B 28, Ass. Lia :	
Repair Cost: \$S 6,500.00	OID MAKE A TURN CUT ACROSS 3 LANE HIT TP	
Loss of Rental (LOR): \$S 900.00 (9 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/Dispute/Settle	
Disbursement: \$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost \$S -	3) Survey fee: \$320	
Total: \$S 7,407.45 Global Sum \$S:		
FINAL PAYMENT Date/Time: 30.05.22 Confirm with: ACE	Email ☐ Call ☐	
Payee 1: \$S 7,407.45 Name 1: ACE AUTOLUTION PTE LTD		
Payee 2: (Strike if N.A.) \$S Name 2:		
Payee 3: (Strike if N.A.) \$S Name 3:		