

15/5/2010

INS. CASE OWNER:

CC4/AIG1901

3.286, k 11/1

rs3

LKK:
IDAC:

Surveyor:

ksc

DOI:

ASSIGNMENT

10/1/19

Date / Time:

10/1/19

Registered in Merimen:

10/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SUP 3091R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 10/1/19

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

SUK 7407P

INSRS:
WSP:
Tel : ESTEEM
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SUK 7407P	Non-Reporting ltr (1st):	
SUP 3091R	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)	☐
	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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 1,799.78	(2 days) Reduction: 70 %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 30/11/2020	Confirm with: CARMEN	Email ☒ Call ☐
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Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
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Repair Cost: w/GST	S\$ 1,925.76		
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Loss of Rental (LOR):	S\$ 375.00	(5 days) x 75.00	
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Loss of Use (LOU):	S\$	(\$ x days)	
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Loss of Income (LOI):	S\$	(\$ x days)	
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LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
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GIA/LTA Search	S\$ 7.45		
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Medical:	S\$		
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Disbursement:	S\$	(e.g. Tow/ Independent)	
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Legal Cost:	S\$		
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Total:	S\$ 2,308.21	Global Sum S\$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$ 2,308.21	Name 1: Esteem Performance Pte Ltd	
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Payee 2: (Strike if N.A.)	S\$	Name 2:	
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Payee 3: (Strike if N.A.)	S\$	Name 3:	
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1) Claim status: Normal/~~Reject Private Settlement~~
 2) Report Format: TP
 3) Survey fee: 320.00