

15/5/2010

INS. CASE OWNER:

CC⁶ / QBE1901 3516, Adkbb

LKK:
IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

21/9/19

Date / Time:

21/9/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 3137K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 15/9/19

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

SJT1597P



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



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

| Date/Time | STAGE | DATE / PIC |
|---|---|---|
| SJT1597P-X | Non-Reporting ltr (1st): | |
| GBB3137K-X | 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 checked="" type="checkbox"/> <input type="checkbox"/> |
| | Authorisation To Act: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Release Voucher: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Final Repair Bill: | <input checked="" 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 checked="" 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 checked="" 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"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | |
| FINALIZATION Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: \$S 1,800.00 (3 days) Reduction: 70 % | | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 20/05/2020 Confirm with Chris | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 | | If NO or B 28, Ass. Lia : |
| Repair Cost: (w/GST) \$S 1,926.00 | | |
| Loss of Rental (LOR): \$S - (days) | | |
| Loss of Use (LOU): \$S 300.00 (\$100 x 3 days) | | |
| Loss of Income (LOI): \$S - (\$ x days) | | |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search \$S 7.45 | | |
| Medical: \$S - | | 1) Claim status: Normal |
| Disbursement: \$S - (e.g. Tow/ Independent) | | 2) Report Format: TP |
| Legal Cost \$S - | | 3) Survey fee: \$400 |
| Total: \$S 2,233.45 | Global Sum \$S: | |
| FINAL PAYMENT Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: \$S 2,233.45 | Name 1: Green Forest Automobile Pte Ltd | |
| Payee 2: (Strike if N.A.) \$S | Name 2: | |
| Payee 3: (Strike if N.A.) \$S | Name 3: | |