

15/5/2010

INS. CASE OWNER:

CC 4 /AIG1901

3764, Kbbz.

LKK:
IDAC:

Surveyor:

Khaman.

DOI:

ASSIGNMENT

5/8/14.

Date / Time :

5/8/14

Registered in Merimen:

6/8/14.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SDG 83097

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

2/8/14.

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 14514



INSRS:

WSP: Esteem

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
01/03/2021	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: Handler Typist		
	Notification ltr (if non-pickup)	<input checked="" 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 checked="" 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 checked="" 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: P/P	S\$ 15,787.26 (8 days) Reduction: 24.28 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 25/02/2021 Confirm with: CARMEN LIN Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 16,892.37		
Loss of Rental (LOR):	S\$ 839.28 (12 days) x \$69.94	OID beat red light	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format: TP	
Total:	S\$ 17,739.10 Global Sum S\$:	3) Survey fee: \$320.00	
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1:	S\$ 17,739.10 Name 1: ESTEEM PERFORMANCE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		