

15/5/2010

INS. CASE OWNER:

CC 6 / III 1901

4144, A wbb.

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

14/8/19

Date / Time:

14/8/19

Registered in Merimen:

14/8/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKK 7040A

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$

D.O.A.:

11/8/19

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

SLW 7163D

INSRS:
WSP:
Tel:
Liability:
RMKS:premium
carzINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	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)	☒ ☐
	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:		
FINALIZATION Date/Time: Confirm with:		
Repair Cost: P/P	\$S 21,555.04	(10 days) Reduction: 7891.94 % 27
		Confirm by: ADRIAN
FINAL SETTLEMENT Date/Time: 03/04/2020 Confirm with: AUNTENG		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.: 5
Repair Cost:	\$S 18,000.00	
Loss of Rental (LOR):	\$S	(days)
Loss of Use (LOU):	\$S 600.00	(\$ 60 x 10 days)
Loss of Income (LOI):	\$S	(\$ x days)
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search	\$S 7.45	
Medical:	\$S	
Disbursement:	\$S 80.00	(e.g. Tow / Independent)
Legal Cost	\$S	
Total: \$S 18,687.45		Global Sum \$S: 19,000.00
FINAL PAYMENT Date/Time: Confirm with:		
Payee 1:	\$S 19,000.00	Name 1: PREMIUM CARZ SERVICES PTE LTD
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3: