CC4/AIG19014417/Kka3

~~CC__/AIG1900_____/~~

	LKK:
	IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBF5607L** Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **08/08/2019** 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**

INSRS: WSP: **SLN155X** Tel : Liability : RMKS:	INSRS: 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: _____ Confirm by: _____ Email ☐ Call ☐

Repair Cost: P/P S$ **437.82** (**1** days) Reduction: 4,377.70/91%

FINAL SETTLEMENT Date/Time: **18/8/2020** Confirm with **CARMEN** Email ✓ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia : _____

Repair Cost (w/GST): S$ **468.47**

Loss of Rental (LOR): S$ **76.95** (**1** days) X $76.95

Loss of Use (LOU): S$ ___ (S ___ x ___ days)

Loss of Income (LOI): S$ ___ (S ___ x ___ days)

LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]

GIA/LTA Search S$ **7.45**

Medical: S$ ___ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ ___ (e.g. Tow/ Independent) 2) Report Format: **TP**

Legal Cost S$ ___ 3) Survey fee: **$320**

Total: S$ **552.87** **Global Sum S$:** ___

FINAL PAYMENT Date/Time: ___ Confirm with: ___ Email ☐ Call ☐

Payee 1:	S$ **552.87**	Name 1:	ESTEEM PERFORMANCE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	