

15/5/2010

INS. CASE OWNER:

CC 4/III1901 4760, A plz

LKK:
IDAC:

Surveyor: Adrian

ASSIGNMENT

DOI: 21/8/19

Date / Time: 21/8/19

Registered in Merimen: 21/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 5053U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 21/8/19

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**

SGZ 407C →



INRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

best solution



INRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>SGZ 407C</u>	Non-Reporting ltr (1st):	
	<u>GBD 5053U</u>	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 type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input 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 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 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"/>
13/04/2020	PLS SEE VIEWS FOR DETAILS		

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>	Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____		Confirm by: _____	
Repair Cost: <u>L/sum</u> \$S 3,350.00 (<u>5</u> days) Reduction: <u>50</u> %		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>13/04/2020</u> Confirm with: <u>Cui Ping</u>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u>		If NO or B 28, Ass. Lia :	
Repair Cost: \$S <u>3,350.00</u>			
Loss of Rental (LOR): \$S <u>600.00</u> (<u>6</u> days) X \$100.00			
Loss of Use (LOU): \$S _____ (S x days)			
Loss of Income (LOI): \$S _____ (S x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search \$S <u>7.45</u>			
Medical: \$S _____		1) Claim status: Normal/ Partial/Disputed/ Settled	
Disbursement: \$S _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost \$S _____		3) Survey fee: <u>\$350.00</u>	
Total: \$S <u>3,957.45</u>	Global Sum \$S: <u>3,950.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: \$S <u>3,950.00</u>	Name 1: <u>Best Solution Autocare Pte Ltd</u>		
Payee 2: (Strike if N.A.) \$S _____	Name 2: _____		
Payee 3: (Strike if N.A.) \$S _____	Name 3: _____		