

15/5/2010

INS. CASE OWNER:

CC 4/III1901

5168, R2 g63

LKK:

IDAC:

Surveyor:

Raml

DOI:

ASSIGNMENT

26/8/19

Date / Time:

26/8/19

Registered in Merimen:

26/8/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 4352H

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

27/8/19

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

SMH 221A



INSRS:

WSP:

Tel:

Liability:

RMKS:

AMA



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SMH 221A - X	Non-Reporting ltr (1st):	
SHA 4352H - 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 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"/>

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
Repair Cost:	L/S	S\$ 3050.00	(4 days) Reduction:	19,533.70 %	86
FINAL SETTLEMENT Date/Time: 11/05/2020		Confirm with: AMA		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:	S\$	3050.00			
Loss of Rental (LOR):	S\$	() days			
Loss of Use (LOU):	S\$	640.00 (S\$80 x 8 days)			
Loss of Income (LOI):	S\$	(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: <input type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$			3) Survey fee: \$600.00	
Total:	S\$	3697.45		Global Sum S\$: 3650.00	
FINAL PAYMENT Date/Time:		Confirm with:		Email:	<input checked="" type="checkbox"/> Call: <input type="checkbox"/>
Payee 1:	S\$	3650.00		Name 1: AMA AUTOCARE PTE. LTD	
Payee 2: (Strike if N.A.)	S\$			Name 2:	
Payee 3: (Strike if N.A.)	S\$			Name 3:	