

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1901 5297, Adk

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

30/8/19

Date / Time:

30/8/19

Registered in Merimen:

30/8/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLS 8955.

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

28/8/19

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

SAB 67897



INSRS:

WSP:

Tel:

Liability:

RMKS:

Success United



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:	
Repair Cost:	SS 14,700.00 (14 days) Reduction: 51 %	Confirm by:	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	Email ☒	Call ☐
Repair Cost: (w/GST)	SS 15,729.00	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):	SS 1,980.00 (18 days) x \$110		
Loss of Use (LOU):	SS - (\$ x days)		
Loss of Income (LOI):	SS - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	SS 2.00		
Medical:	SS 126.00	1) Claim status: Normal Success United	
Disbursement:	SS - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	SS -	3) Survey fee: \$320	
Total:	SS 17,837.00	Global Sum SS: 17,800.00	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	SS 17,800.00	Name 1:	Success United Pte Ltd
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	