

15/5/2010

INS. CASE OWNER:

CC 6/III1901

5650, APV

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT  
7/1/14

Date / Time:

3/1/14

Registered in Merimen:

4/1/14

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 725J

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

31/8/14

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

XD 3817E



INSRS:

WSP:

Tel:

Liability:

RMKS:

SM



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/ Time                                                                                                                                | STAGE                                                                                | DATE / PIC                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 17/07/2020                                                                                                                                | 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)                                                     | <input type="checkbox"/>                                     |
|                                                                                                                                           | After call ltr to OI:                                                                | <input type="checkbox"/>                                     |
|                                                                                                                                           | Authorisation To Act:                                                                | <input type="checkbox"/>                                     |
|                                                                                                                                           | Release Voucher:                                                                     | <input type="checkbox"/>                                     |
|                                                                                                                                           | Final Repair Bill:                                                                   | <input type="checkbox"/>                                     |
|                                                                                                                                           | Car Rental Invoice:                                                                  | <input type="checkbox"/>                                     |
|                                                                                                                                           | Towing Invoice:                                                                      | <input type="checkbox"/>                                     |
|                                                                                                                                           | LTA / GIA :                                                                          | <input type="checkbox"/>                                     |
|                                                                                                                                           | Medical Bill:                                                                        | <input type="checkbox"/>                                     |
|                                                                                                                                           | PIR:                                                                                 | <input type="checkbox"/>                                     |
|                                                                                                                                           | Mandate/Reject Instruction:                                                          | <input type="checkbox"/>                                     |
|                                                                                                                                           | LOD                                                                                  | <input type="checkbox"/>                                     |
|                                                                                                                                           | Payment Breakdown Form:                                                              | <input type="checkbox"/>                                     |
|                                                                                                                                           | Post-Repair Photos:                                                                  | <input type="checkbox"/>                                     |
|                                                                                                                                           | Others:                                                                              | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                                             |                                                                                      |                                                              |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                                                                                  |                                                                                      |                                                              |
| Repair Cost: L/sum                                                                                                                        | \$S 10,000.00 ( 6 days) Reduction: 47 %                                              | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: 17/07/2020 Confirm with: Sukyi Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                                                      |                                                              |
| Final Liability:                                                                                                                          | % 100 (Agreed / Assessed) BOLA S/N No. : 15                                          | If NO or B 28, Ass. Lia :                                    |
| Repair Cost:                                                                                                                              | \$S 10,000.00                                                                        |                                                              |
| Loss of Rental (LOR):                                                                                                                     | \$S ( days)                                                                          |                                                              |
| Loss of Use (LOU):                                                                                                                        | \$S 1,050.00 (\$150 x 7 days)                                                        |                                                              |
| Loss of Income (LOI):                                                                                                                     | \$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                                                                                  |                                                              |
| Disbursement:                                                                                                                             | \$S (e.g. Tow/ Independent )                                                         |                                                              |
| Legal Cost                                                                                                                                | \$S                                                                                  |                                                              |
| Total:                                                                                                                                    | \$S 11,057.45 Global Sum \$S:                                                        |                                                              |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                     |                                                                                      |                                                              |
| Payee 1:                                                                                                                                  | \$S 11,057.45 Name 1: SM AUTOMOTIVE                                                  |                                                              |
| Payee 2: (Strike if N.A.)                                                                                                                 | \$S Name 2:                                                                          |                                                              |
| Payee 3: (Strike if N.A.)                                                                                                                 | \$S Name 3:                                                                          |                                                              |