

15/5/2010

INS. CASE OWNER:

CC4/III1901 6080, Uph3

LKK:
IDAC:

Surveyor: mmrms DOI: ASSIGNMENT 10/1/19 Date / Time: 10/1/19
Registered in Merimen: 10/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SH6 4855H Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ D.O.A : ala 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: JIN
WSP: Auto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>GBC 77430 - 4</u>		<u>SH6 4855H - 4</u>
	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"/> <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: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L/S \$S 1350.00 (3 days) Reduction: 8023.70 % 86 Email Call

FINAL SETTLEMENT Date/Time: 20/01/2020 Confirm with JOUIS Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :
 Repair Cost: \$S 1444.50 (W/GST)
 Loss of Rental (LOR): \$S _____ (_____ days)
 Loss of Use (LOU): \$S 240.00 (\$ 60 x 4 days)
 Loss of Income (LOI): \$S _____ (\$ _____ x _____ days)
 LOR only LOU only LOR + LOU LOR + LO [Tick only one]
 GIA/LTA Search \$S _____
 Medical: \$S _____
 Disbursement: \$S _____ (e.g. Tow/ Independent)
 Legal Cost \$S _____
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$S 350.00

Total: \$S 1684.50 Global Sum \$S: 1680.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: \$S 1680.00 Name 1: JIN AUTO SERVICES PTE LTD
 Payee 2: (Strike if N.A.) \$S _____ Name 2: _____
 Payee 3: (Strike if N.A.) \$S _____ Name 3: _____