

15/5/2010

INS. CASE OWNER:

CC 4/III1901 6171, 5 p62.

LKK:

IDAC:

Surveyor:

STONE

DOI:

ASSIGNMENT

16/11/19

Date / Time:

11/11/19.

Registered in Merimen:

15/11/19.

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 8943 J.

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

9/11/19.

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

SG 5869R



INSRS:

WSP:

Tel:

Liability:

RMKS:

SMRT



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: | |
| 25/08/2020 | 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"/> |
| PRELIMINARY ADVICE Date/Time: Sent By: | | |
| FINALIZATION Date/Time: Confirm with: Confirm by: | | |
| Repair Cost P/P | S\$ 1,012.50 (2 days) Reduction: 62 % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 25/08/2020 Confirm with: Jimmy Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | | |
| Final Liability: | % 50 (Agreed / Assessed) BOLA S/N No. : 18 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S\$ 1,012.50 S\$ 506.25 | |
| Loss of Rental (LOR): | S\$ (days) | |
| Loss of Use (LOU): | S\$ 750.00 (\$300 x 2.5 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\$ | |
| Medical: | S\$ | |
| Disbursement: | S\$ (e.g. Tow/ Independent) | |
| Legal Cost | S\$ | |
| Total: | S\$ 881.25 Global Sum S\$: 880.00 | |
| FINAL PAYMENT Date/Time: Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | | |
| Payee 1: | S\$ 880.00 Name 1: SMRT BUSES LTD | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: | |
| Payee 3: (Strike if N.A.) | S\$ Name 3: | |