

15/5/2010

INS. CASE OWNER:

CC 4/FWD1901 6494, Apb

LKK: IDAC:

Surveyor:

Adnan

ASSIGNMENT

DOI:

13/11/19

Date / Time:

13/11/19

Registered in Merimen:

18/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 68025

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 13/11/19

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

SUF 575J



INSRS: WSP: CAS Garage Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE/ PIC
13/04/2020	PLS SEE VIEWS FOR DETAILS	
	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/sum	\$S 8,400.00 (6 days) Reduction: 43 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 13/04/2020 Confirm with: Nicole Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	\$S 8,400.00	
Loss of Rental (LOR):	\$S 600.00 (6 days) x \$100.00	
Loss of Use (LOU):	\$S (\$ x days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	<input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	\$S 29.00	
Medical:	\$S	
Disbursement:	\$S (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Dispute/Settle
Legal Cost	\$S	2) Report Format: TP
		3) Survey fee: \$500.00
Total:	\$S 9,029.00	Global Sum \$S: 9,000.00
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$S 9,000.00	Name 1: CAS GARAGE PTE LTD
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3: