

15/5/2010

CC4/AIG19016982/Kkb3

LKK:

CC /AIG1900 /

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF3028R

Claim No. : _____

Name of Insured : LIANG XIUHAO

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : _____

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:
WSP:
Tel : TP
Liability : SMG2869G
RMKS: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: _____ Confirm by: _____		
Repair Cost: P/P \$S 200 (1 days) Reduction: 3,177.63 / 94 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 26/5/2020 Confirm with: CARMEN Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :		
Repair Cost: (w/GST) \$S 214.00		
Loss of Rental (LOR): \$S 88.00 (1 days) X \$88		
Loss of Use (LOU): \$S (\$ x days)		
Loss of Income (LOI): \$S (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$S 7.45		
Medical: \$S		
Disbursement: \$S (e.g. Tow/ Independent)		
Legal Cost \$S		
Total: \$S 309.45 Global Sum \$S:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: \$S 309.45 Name 1: ESTEEM PERFORMANCE PTE LTD		
Payee 2: (Strike if N.A.) \$S Name 2:		
Payee 3: (Strike if N.A.) \$S Name 3:		