

INS. CASE OWNER:

CC4/LPC19017803/Eha3

LKK:

IDAC:

Surveyor:

STEVE

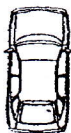
DOI:

ASSIGNMENT
10/10/2019

Date / Time : 09/10/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 9515C

Claim No. : 19/19/19/VC05/022485

Name of Insured : Fast Frozen Food

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 07/10/2019 15:30

Place of Accident : PIE TWDS TUAS

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

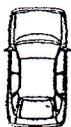
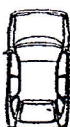
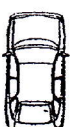
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L YES / NO)

Insured Liability : % Final ? Yes / No

PC 4710C

INSRS:
WSP: CONNECT 3
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	PC 4710C - X	YN 9515C - X	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: 08/10/19

Sent By: as

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L/g

S\$ 6,200.00

(6

days) Reduction:

53

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

07/10/2019

Confirm with

WINNIE

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

15

If NO or B 28, Ass. Lia :

COULD CHANGED CASE

Repair Cost: (w/gst)

S\$

6,634.00

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

900.00

(\$150

x 6

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☐LOU only ☒

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$100.00

Total:

S\$

7,534.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

7,534.00

Name 1:

CONNECT 3

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-