

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1901 7A49 /

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

10/10/19

Date / Time :

10/10/19

Registered in Merimen:

11/10/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBC 6077A

Claim No. :

1530515027SG

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

11/10/19

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

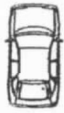
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SFS 28295



INSRS:

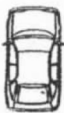
WSP:

Tel :

Liability :

RMKS:

Chin meng



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)                                                     | <input checked="" type="checkbox"/>                          |
|                                                                                                                                       | After call ltr to OI:                                                                | <input checked="" type="checkbox"/>                          |
|                                                                                                                                       | Authorisation To Act:                                                                | <input checked="" type="checkbox"/>                          |
|                                                                                                                                       | Release Voucher:                                                                     | <input checked="" type="checkbox"/>                          |
|                                                                                                                                       | Final Repair Bill:                                                                   | <input checked="" type="checkbox"/>                          |
|                                                                                                                                       | Car Rental Invoice:                                                                  | <input type="checkbox"/>                                     |
|                                                                                                                                       | Towing Invoice:                                                                      | <input type="checkbox"/>                                     |
|                                                                                                                                       | LTA / GIA :                                                                          | <input checked="" type="checkbox"/>                          |
|                                                                                                                                       | Medical Bill:                                                                        | <input type="checkbox"/>                                     |
|                                                                                                                                       | PIR:                                                                                 | <input type="checkbox"/>                                     |
|                                                                                                                                       | Mandate/Reject Instruction:                                                          | <input checked="" type="checkbox"/>                          |
|                                                                                                                                       | LOD                                                                                  | <input checked="" type="checkbox"/>                          |
|                                                                                                                                       | Payment Breakdown Form:                                                              | <input type="checkbox"/>                                     |
|                                                                                                                                       | Post-Repair Photos:                                                                  | <input type="checkbox"/>                                     |
|                                                                                                                                       | Others:                                                                              | <input type="checkbox"/>                                     |
| 02/11/2020                                                                                                                            | SETTLED AND CLOSED / FILE IN DRAWER                                                  |                                                              |
| PRELIMINARY ADVICE Date/Time: Sent By:                                                                                                |                                                                                      |                                                              |
| FINALIZATION Date/Time: Confirm with: Confirm by:                                                                                     |                                                                                      |                                                              |
| Repair Cost: L/S                                                                                                                      | S\$ 9,800.00 ( 6 days) Reduction: 47.47 %                                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 02/11/2020 Confirm with: KIM SENG Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                                                      |                                                              |
| Final Liability:                                                                                                                      | % 100 (Agreed / Assessed) BOLA S/N No. : 27                                          | If NO or B 28, Ass. Lia :                                    |
| Repair Cost:                                                                                                                          | S\$ 9,800.00                                                                         |                                                              |
| Loss of Rental (LOR):                                                                                                                 | S\$ ( days)                                                                          |                                                              |
| Loss of Use (LOU):                                                                                                                    | S\$ 1,260.00 (\$180 x 7 days)                                                        | OID rear-ended TP                                            |
| 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\$ 7.45                                                                             |                                                              |
| Medical:                                                                                                                              | S\$                                                                                  | 1) Claim status: Normal/Reject/Private Settle                |
| Disbursement:                                                                                                                         | S\$ (e.g. Tow/ Independent )                                                         | 2) Report Format: TP                                         |
| Legal Cost                                                                                                                            | S\$                                                                                  | 3) Survey fee: \$320.00                                      |
| Total:                                                                                                                                | S\$ 11,067.45 Global Sum S\$: 10,600.00                                              |                                                              |
| FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                                   |                                                                                      |                                                              |
| Payee 1:                                                                                                                              | S\$ 10,600.00 Name 1: CHIN MENG MOTORS                                               |                                                              |
| Payee 2: (Strike if N.A.)                                                                                                             | S\$ Name 2:                                                                          |                                                              |
| Payee 3: (Strike if N.A.)                                                                                                             | S\$ Name 3:                                                                          |                                                              |