

15/5/2010

CC3/AIG19018671/Eka3

LKK:

INS. CASE OWNER:

CC /AIG1900 /

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLL3655K

Claim No. :

Name of Insured

ALLSWELL LEASING & LIMOUSINE PTE LTD

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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



INSRS: TP

WSP:

Tel :

Liability :

RMKS:

SKM1276R



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\$ 8,581.20	(6 days) Reduction: 1,749.10/17 %
Email	☐	Call ☐
FINAL SETTLEMENT Date/Time: 28/5/2020 Confirm with: CAROLINE Email: ☒ Call: ☐		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost: (w/GST)	S\$ 9,181.88	
Loss of Rental (LOR):	S\$	(days)
Loss of Use (LOU):	S\$ 480	(\$ 80 x 6 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\$ 70	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
Total:	S\$ 9,739.33	Global Sum S\$:
FINAL PAYMENT Date/Time: Confirm with: Email: ☐ Call: ☐		
Payee 1:	S\$ 9,739.33	Name 1: Performance Motors Limited
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320