

INS. CASE OWNER:

Bernard Ler

CC6/AIG19019683/Aha39

IDAC:

Surveyor:

ADRIAN

ASSIGNMENT
DOI: 05.11.2019

Date / Time: 05.11.2019

Registered in Merimen: 06.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 8895Y
 Name of Insured : VIVEK BALACHANDRAN
 Insured Tel No. : HP: +65-98662329
 Excess Sec II : S\$ D.O.A: 16.10.2019
 Is driver the owner? (YES / NO) Nature of Accident :
 If NO, Driver Name / Age :
 Driver Tel No. : (V/L: YES / NO)

Claim No. : 0273619741SG
 Policy No. : 1800071069
 Make / Model : MAZDA 2 1.5 SKYACTIV
 Place of Accident : BOONLAY WAY - BETWEEN LAKESIDE MRT AND BOONLAY MRT

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

SMF 1732D



INSRS:
WSP: GREEN FOREST
Tel: AUTOMOBILE
Liability:
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:	16/11/19 - VIC
	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:	Confirm with:	Confirm by:
FINALIZATION	Date/Time: 13/11/19		Confirm with: 67 %	Email ☐ Call ☐
Repair Cost: 115	S\$ 3,700.00 (5 days) Reduction: 67 %		Confirm with: CHRLB	Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 27/03/2020		Confirm with: 27	If NO or B 28, Ass. Lia : COI RENE-ENDED TP)
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :			
Repair Cost: (w/loss)	S\$ 3,959.00			
Loss of Rental (LOR):	S\$ - (days)			
Loss of Use (LOU):	S\$ 560.00 x 7 days)			
Loss of Income (LOI):	S\$ - (\$ x days)			
LOR only ☐ LOU only ☐	☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.15			1) Claim status: Normal/Reject/Private Settle
Medical:	S\$ - (e.g. Tow/ Independent)			2) Report Format: \$370.00
Disbursement:	S\$ -			3) Survey fee:
Legal Cost	S\$ 4,526.15			
Total:	S\$ 4,526.15		Global Sum S\$: -	Email ☐ Call ☐
FINAL PAYMENT	Date/Time:		Confirm with: GREEN FOREST AUTOMOBILE PTB LTD	
Payee 1:	S\$ 4,526.15	Name 1:		
Payee 2: (Strike if N.A.)	S\$ -	Name 2:		
Payee 3: (Strike if N.A.)	S\$ -	Name 3:		