

15/5/2010

INS. CASE OWNER:

CC 4 / AIG1902 0171 / Acl63

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

14/11/19

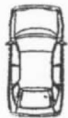
Date / Time:

14/11/19

Registered in Merimen:

14/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : 56H 6084

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$ \_\_\_\_\_ D.O.A : 10/11/19

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

56Z 727AA

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Jack Cars

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time | STAGE                                    | DATE / PIC                          |
|------------|------------------------------------------|-------------------------------------|
| 56Z 727AA  | Non-Reporting ltr (1st):                 |                                     |
| 56H 6084   | 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 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 checked="" 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 type="checkbox"/>            |
|            | LOD                                      | <input checked="" type="checkbox"/> |
|            | Payment Breakdown Form:                  | <input type="checkbox"/>            |

|                                                                           |                                                                                                                        |                                                              |                                  |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------|
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____                 |                                                                                                                        | Post-Repair Photos: <input type="checkbox"/>                 | Others: <input type="checkbox"/> |
| <b>FINALIZATION</b> Date/Time: _____ Confirm with: _____                  |                                                                                                                        | Confirm by: _____                                            |                                  |
| Repair Cost: S\$ 5,185.40                                                 | ( 6 days) Reduction: 54 %                                                                                              | Email <input type="checkbox"/>                               | Call <input type="checkbox"/>    |
| <b>FINAL SETTLEMENT</b> Date/Time: 28/07/2020 Confirm with: Thanaletchumi |                                                                                                                        | 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: (w/GST) S\$ 5,548.38                                         |                                                                                                                        |                                                              |                                  |
| Loss of Rental (LOR): S\$ 856.00                                          | ( 8 days) X \$100 (w/GST)                                                                                              |                                                              |                                  |
| Loss of Use (LOU): S\$ -                                                  | ( \$ x days)                                                                                                           |                                                              |                                  |
| Loss of Income (LOI): S\$ -                                               | ( \$ x days)                                                                                                           |                                                              |                                  |
| LOR only <input checked="" type="checkbox"/>                              | LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                              |                                  |
| GIA/LTA Search                                                            | S\$ 2.00                                                                                                               |                                                              |                                  |
| Medical:                                                                  | S\$ -                                                                                                                  | 1) Claim status: Normal/ <del>Disputed/ Pending</del>        |                                  |
| Disbursement:                                                             | S\$ - (e.g. Tow/ Independent )                                                                                         | 2) Report Format: TP                                         |                                  |
| Legal Cost                                                                | S\$ -                                                                                                                  | 3) Survey fee: \$320                                         |                                  |
| Total:                                                                    | S\$ 6,406.38                                                                                                           | Global Sum S\$:                                              |                                  |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____                 |                                                                                                                        | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                  |
| Payee 1:                                                                  | S\$ 6,406.38                                                                                                           | Name 1:                                                      | Jack Cars Enterprise Pte Ltd     |
| Payee 2: (Strike if N.A.)                                                 | S\$                                                                                                                    | Name 2:                                                      |                                  |
| Payee 3: (Strike if N.A.)                                                 | S\$                                                                                                                    | Name 3:                                                      |                                  |