

INS. CASE OWNER:

CC4/III19020498/R1pa3

IDAC:

ASSIGNMENT

Surveyor:

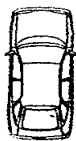
Rasul

DOI: 19/11/2019

Date / Time : 19/11/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 9520R

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 14/11/2019

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. :

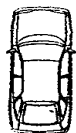
(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

GBF 5664X

INSRS:  
WSP:  
Tel :  
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):	
24/04/2020	Pls refer to Views for details.	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler      Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S\$ 6,500.00	( 10 days) Reduction: 59 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 24/04/2020	Confirm with Suann	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S\$ 6,955.00		
Loss of Rental (LOR):	S\$ (      days)		
Loss of Use (LOU):	S\$ 1,170.00 (\$90 x 13 days)		
Loss of Income (LOI):	S\$ (\$      x      days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		1) Claim status: Normal/ <del>Reject/Private Settle</del>
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$600.00
<b>Total:</b>	S\$ 8,132.45	<b>Global Sum S\$: 8,100.00</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 8,100.00	Name 1: Mova Automotive Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	