

INS. CASE OWNER: **NORSIAH**

CC6/AIG19021197/Uha3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **MARCUS** DOI: **02.12.19** Date / Time : **02.12.19**
Registered in Merimen: **02.12.19**

Pre-assign / CCU / FTE



Insured Vehicle No. : **PC 6454D** Claim No. : **7570323260SG**
Name of Insured : **GOLDBELL CAR RENTAL PTE LTD** Policy No. : **999994313**
Insured Tel No. : _____ HP: _____ Make / Model : **TOYOTA HIACE**
Excess Sec II :S\$ D.O.A : **30/11/2019** Place of Accident : **ALONG MERCHANT ROAD**
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : **MIA MD MANIK** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : **+65-98997753** (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

PC 8232P



INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
PC 8232P - CC4/ASM18021229/Aja3q2; DOA: 21.11.18	Non-Reporting ltr (1st):	
PC 6454D - X	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"/> <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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
Repair Cost: S\$ _____
Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search S\$ _____
Medical: S\$ _____ 1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent) 2) Report Format: _____
Legal Cost S\$ _____ 3) Survey fee: _____

Total: S\$ _____ **Global Sum S\$:** _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ _____ Name 1: _____
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

