

15/5/2010

INS. CASE OWNER:

CC 4/AIG190 2984, ~~Abb3~~

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

12/12/19

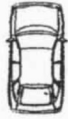
Date / Time :

12/12/19

Registered in Merimen:

12/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 2455E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A :

12/12/19

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

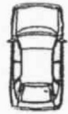
Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SJP 9871R

INSRS:
WSP: AIC
Tel : Autolution
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJP 9871R - X	Non-Reporting ltr (1st):	
SMN 2455E - 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"/>
	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 checked="" type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

18/02/2021 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 2,800.00	(4 days) Reduction: 77.58 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 18/02/2021	Confirm with: ANNA	Email <input type="checkbox"/> Call <input checked="" type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or 28, Ass. Lia :
Repair Cost:	S\$	2,800.00		
Loss of Rental (LOR):	S\$	500.00	(5 days) X \$100.00	
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\$	36.45		
Medical:	S\$			
Disbursement:	S\$		(e.g. Tow/ Independent)	
Legal Cost	S\$			
Total:	S\$	3,336.45	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	3,336.45	Name 1: ACE AUTOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	

Abb3

1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$320.00