

15/5/2010

INS. CASE OWNER:

CC 4 /AIG190 2987, Kkb3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

12/11/19

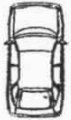
Date / Time :

12/11/19

Registered in Merimen:

12/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLA 51695

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

10/11/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

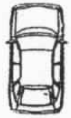
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLA 51695



INSRS:

WSP:

Tel :

Liability :

RMKS:

Esteem Performance



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
SLA 51695 - X	Non-Reporting ltr (1st):	
SLA 51695 - 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)	☐
	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Confirm by:
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ 1726.15 (4 days) Reduction: %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 4/5/2020 Confirm with CARMEN	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 14	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST) S\$ 1,846.98		
Loss of Rental (LOR): S\$ 489.65 (7 days) X \$69.95		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)		
Legal Cost S\$		
Total: S\$ 2,344.08 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 2,344.08 Name 1: ESTEEM PERFORMANCE PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		

REF: **ALG**

1	TOTAL	
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