

15/5/2010

INS. CASE OWNER:

CC 4/III190 MP58, A p/b

LKK:
IDAC:

Surveyor: Adrian

ASSIGNMENT
DOI: 3/1/2020

Date / Time: 18/1/19

Registered in Merimen: mlm/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SML 8902P
 Name of Insured : CTPL
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 10/1/19
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : TAN KLET ENG
 Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : _____
 Policy No. : mlm0205
 Make / Model : honda
 Place of Accident : SUNTEI KAMT WAY.
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

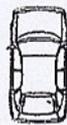
GWA 1197E



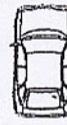
INSRS:
WSP: w-tl
Tel :
Liability :
RMKS:



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):	
	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: <u>45</u>	S\$ <u>2400.00</u> (<u>4</u> days) Reduction: <u>66</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____
Repair Cost: <u>w/65</u>	S\$ <u>2568.00</u>	<u>COID turned in from insurance</u>
Loss of Rental (LOR): <u>w/65</u>	S\$ <u>513.60</u> (<u>4</u> days) <u>x \$120.00</u>	
Loss of Use (LOU):	S\$ _____ (\$ x days)	
Loss of Income (LOI):	S\$ _____ (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$ <u>29.00</u>	
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>SP</u>
Legal Cost	S\$ _____	3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>3110.60</u> Global Sum S\$: <u>3100.00</u>	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ <u>3100.00</u> Name 1: <u>N-51 Automotive Pte Ltd</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	

28/1/2020 - PLS refer to NEWS for details

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