

CC4/FCI19022595/Ukb3s2

15/5/2010

INS. CASE OWNER:

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

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



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): | |
| | 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: | |
| Repair Cost: L/S \$S 14,800.00 (10 days) Reduction: 59,319.10 / 80 % | | Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT Date/Time: 19/3/2020 Confirm with SHIYING | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 28 | If NO or B 28, Ass. Lia : 100 | |
| Repair Cost: (w/GST) | \$S 15,836.00 | | |
| Loss of Rental (LOR): | \$S 1,200.00 (10 days) X \$120 | 3 vehicle chain collision, Insured vehicle is the last vehicle | |
| 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 | | |
| Medical: | \$S | 1) Claim status: Normal/Reject/Private Settle | |
| Disbursement: | \$S (e.g. Tow/ Independent) | 2) Report Format: TP | |
| Legal Cost | \$S | 3) Survey fee: \$600 | |
| Total: | \$S 17,036.00 | Global Sum \$S: 17,000.00 | |
| FINAL PAYMENT Date/Time: | | Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: | \$S 17,000.00 | Name 1: FASTECH AUTO PTE LTD | |
| Payee 2: (Strike if N.A.) | \$S | Name 2: | |
| Payee 3: (Strike if N.A.) | \$S | Name 3: | |