

15/5/2010

CC4/FCI19022680/Ukb3q2

LKK:

IDAC:

INS. CASE OWNER:

~~CC / AIG 1900~~**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 : \$\$ _____ D.O.A : _____

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: 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)	☐	☐
	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:	☐	☐
	Post-Repair Photos:	☐	☐
	Others:	☐	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost:	\$S 13,900	(14 days) Reduction: 12,384.24/ 47 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 9/6/2020 Confirm with MAY Email ☒ Call ☐			
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	\$S 14,873.00		3 vehicle chain collision, Insured vehicle last
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 1,900 (\$ 100 x 19 days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S 22.45		
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 16,795.45	Global Sum \$S: 16,700.00	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1:	\$S 16,700.00	Name 1: YEW TEE AUTOMOBILE TECH PTE LTD	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	