

INS. CASE OWNER:

CC 4 / A16 2000 0110 / K ds3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

13/11/2020

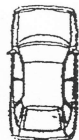
Date / Time:

2/11/2020

Registered in Merimen:

3/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

GIBJ 742SK

Claim No.:

Name of Insured:

Gradecool Air Condition Pte Ltd

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 26/12/19

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

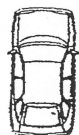
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SKE 9417R



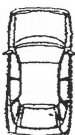
INSRS:

WSP: Autoworx

Tel:

Liability:

RMKS:



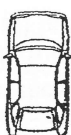
INSRS:

WSP:

Tel:

Liability:

RMKS:



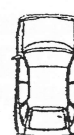
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKE 9417R: X

GIBJ 742SK: CS/E9119022273/AS83; D.O.A: 12/12/19

STAGE

DATE / PIC

13/11/2020 - OI NR

7/2/2020 - ✓ OI GIA Rec'd

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS 2050.00

(4 days)

Reduction: 52 %

Email

Call

FINAL SETTLEMENT

Date/Time: 25/1/2020

Confirm with Jake

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia:

Repair Cost:

SS 2050.00

Loss of Rental (LOR): (w/67)

SS 428.00

(4 days)

x \$100

Loss of Use (LOU):

SS -

(\$

x

days)

Loss of Income (LOI):

SS -

(\$

x

days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS 2.00

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320

Total:

SS 2480.00

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS 2480.00

Name 1:

Autoworx House

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3: