

INS. CASE OWNER:

CC4/111 2000 0118 / R1g53

LKK:  
IDAC:

**ASSIGNMENT**

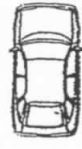
Surveyor: Rasul

DOI: 7/1/2020

Date / Time : 31/12/19

Registered in Merimen: 3/1/2020

Pre-assign / CCU / FTE



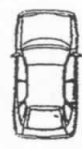
Insured Vehicle No. : SH 8603R  
 Name of Insured : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II :\$S \_\_\_\_\_ D.O.A : 30/12/19  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

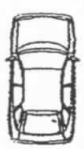
If NO, Driver Name / Age : \_\_\_\_\_  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Insured Liability : % Final ? Yes / No

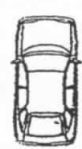
SMN 3761P



INSRS:  
WSP: Allswell  
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:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: **P/P** S\$ 2430.50 ( 3 days) Reduction: 1598.50 % 40 Email  Call

**FINAL SETTLEMENT** Date/Time: 10/05/2020 Confirm with BEN Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :  
 Repair Cost: S\$ 2600.64 (W/GST)  
 Loss of Rental (LOR): S\$ \_\_\_\_\_ ( \_\_\_\_\_ days)  
 Loss of Use (LOU): S\$ 285.00 (\$ 95 x 3 days)  
 Loss of Income (LOI): S\$ \_\_\_\_\_ (\$ \_\_\_\_\_ x \_\_\_\_\_ days)  
 LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]  
 GIA/LTA Search S\$ 7.45  
 Medical: S\$ \_\_\_\_\_  
 Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost S\$ \_\_\_\_\_  
 1) Claim status:  Normal/Reject/Private Settle  
 2) Report Format: TP  
 3) Survey fee: \$350.00

**Total:** S\$ 2893.09 **Global Sum S\$:** \_\_\_\_\_  
**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 2893.09 Name 1: ALLSWELL MOTOR TRADERS