15/5/2010

INS. CASE OWNER: SALIHA | CC4/AIG20000313/Bha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: LIM TG DOI: Date / Time : 03.01.2020

Registered in Merimen: 06.01.2020

Pre-assign / CCU / FTE X

Insured Vehicle No. : SLL 7813U Claim No. : 812548025SG

Name of Insured : BUDGET LEASING PTE LTD Policy No. :

Insured Tel No. : HP: 96648943 Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)

Excess Sec II :S$ D.O.A : 01/01/2020 Place of Accident : PIE TOWARDS CHANGI

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

If NO, Driver Name / Age : KIRK LEE SHI XUN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 96648943 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SKE 1172Z → → →

INSRS:
WSP: Team AutoPro
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	- CC6/EQI17020617/Uka3q2; DOA:26.10.17 - CC6/EQI18007793/T1hb3q2; DOA: 25.4.18 NBA/AIG20000126/Y; DOA: 01.01.2020 SKE 1172Z SLL 7813U
21/09/20	NO survey done. File cancelled.

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$	(days) Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only LOU only	LOR + LOU	LOR + LOI [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:
Legal Cost	S$		3) Survey fee:
Total:	S$	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

closed