

INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**DOI: **08/01/2020**Date / Time: **08/01/2020**Registered in Merimen: **-****Pre-assign / CCU / FTE**

Insured Vehicle No. : **GBD 4374A**
 Name of Insured : _____
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : **07/01/2020**
 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****SJL 6848A**

INSRS: **T K LEE**
 WSP: **AUTOMOTIVE**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date / Time	STAGE	DATE / PIC
SJL 6848A - X	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\$ 6,800.00 (5 days) Reduction: 41 %	Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 02/05/2020 Confirm with Sebastian	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 6,800.00		
Loss of Rental (LOR): S\$ 840.00 (7 days) x \$120		
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\$ 36.45	1) Claim status: Normal/Reject/Partial Settlement	
Medical: S\$ -	2) Report Format: TP	
Disbursement: S\$ - (e.g. Tow/ Independent)	3) Survey fee: \$400	
Legal Cost S\$ -		
Total: S\$ 7,676.45 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 7,676.45 Name 1: T K Lee Automotive Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ Name 3: _____		