

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20000571/Aea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 07/01/2020

Date / Time : 06/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7248X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 05/01/2020

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature 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

S 5030TE



INSRS:

WSP: N-51

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	S 5030TE SHC 7248X		STAGE	DATE / PIC
	NA/AIG20000288/r3; DOA:05.01.2020		Non-Reporting ltr (1st):	
	- NA/INC18006105/k4; DOA: 02.04.18		Non-Reporting ltr (2nd):	
	- CS/FCI18022683/K1tbn2; DOA: 16.12.18		Non-Reporting ltr (Final):	
	- CS/FCI16024076/Ath3n2; DOA: 14.12.16		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: LWP				
Repair Cost: L/S S\$ 3,000.00 (5 days) Reduction: 46 % Email ☐ Call ☐				
FINAL SETTLEMENT Date/Time: 16.09.20 Confirm with MELODY Email ☐ Call ☐				
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15				
Repair Cost: w/GST S\$ 3,210.00				
Loss of Rental (LOR): S\$ - (days)				
Loss of Use (LOU): S\$ 700.00 (\$ 100 x 7 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\$ 100.00 (e.g. Tow/Independent)				
Legal Cost S\$ -				
Total: S\$ 4,017.45 Global Sum S\$: _____				
FINAL PAYMENT Date/Time: 16.09.20 Confirm with: MELODY Email ☐ Call ☐				
Payee 1: S\$ 4,017.45 Name 1: N-51 AUTOMOTIVE PTE LTD				
Payee 2: (Strike if N.A.) S\$ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ Name 3: _____				