

INS. CASE OWNER:

CC 4 / A16 2000 0597

e
HHS3

IDAC:

Surveyor:

LHA

DOI:

ASSIGNMENT

24/2/2020

Date / Time :

9/1/2020

Registered in Merimen:

9/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 30482

Name of Insured : TEN KOK LEONG

Insured Tel No. : HP: _____

Excess Sec II : \$ D.O.A: 4/1/2020

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

OI GIA REPORT (YES) NO ; TP GIA REPORT (YES) NO

Insured Liability : % Final ? Yes / No

SPM81894



INSRS:

WSP: Dynamic Autowork

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SPM81894 : X ; GBD 30482 : 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: LHA			
Repair Cost: L/S \$S 9,400.00 (5 days) Reduction: 61 % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 01.10.21 Confirm with MICHELLE Email ☐ Call ☐			
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :			
Repair Cost: w/GST \$S 10,058.00		OID ROLL BACK HIT TP	
Loss of Rental (LOR): \$S 800.00 (5 days) x \$160			
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			
Medical: \$S -		1) Claim status: Normal/Reject Private Settlement	
Disbursement: \$S - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost \$S -		3) Survey fee: \$320	
Total: \$S 10,894.45 Global Sum \$S:			
FINAL PAYMENT Date/Time: 01.10.21 Confirm with: MICHELLE Email ☐ Call ☐			
Payee 1: \$S 10,894.45 Name 1: DYNAMIC AUTOWORK PTE LTD			
Payee 2: (Strike if N.A.) \$S Name 2:			
Payee 3: (Strike if N.A.) \$S Name 3:			