

INS. CASE OWNER:

CC 6 / AIG 2000 0668 / Uds3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Marcus

DOI:

10/1/2020

Date / Time:

10/1/2020

Registered in Merimen:

10/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 5243P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 8/1/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SPQ 893

INSRS:
WSP: Specialists
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SPQ 893 / NA / MSG 20000584 / h4 ; DDA : 8/1/2020	Non-Reporting ltr (1st):	
SJS 5243P	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ 3,447.10 (3 days) Reduction: 54 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/04/2020	Confirm with Irene	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S\$ 3,688.40		
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 100 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\$ 2.00		
Medical:	S\$ -		1) Claim status: Normal/ Private/ Public
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$320
Total:	S\$ 3,990.40	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 3,990.40	Name 1: Specialists Motor Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	