

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH**

DOI: **14/01/2020**

Date / Time : **14/01/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJM 36K**
 Name of Insured : _____
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **13.01.2020**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **DM20HO00121-JG**
 Policy No. : _____
 Make / Model : _____
 Place 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**

SLJ 2624S



INSRS:
WSP: **ESTEEM**
Tel : **PML**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLJ 2624S - X	
	SJM 36K - CS/LIP10010260/Rbg1; DOA: 16.05.10	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
24/11/2020	Pls refer to Views for details.	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **L/sum** S\$ **5,200.00** (**5** days) Reduction: **53** % Email Call

FINAL SETTLEMENT Date/Time: **24/11/2020** Confirm with: **Carmen** Email Call
 Final Liability: % **85** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia :

Repair Cost: **5,564.00** S\$ **4,729.40**
 Loss of Rental (LOR): **503.65** S\$ **428.10** (**7** days) x\$**71.95**

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\$ **7.45**
 Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)
 Legal Cost S\$

Total: S\$ **5,164.95** **Global Sum S\$: 5,000.00** Email Call

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ **5,000.00** Name 1: **ESTEEM PERFORMANCE PTE LTD**

Payee 2: (Strike if N.A.) S\$ Name 2:
 Payee 3: (Strike if N.A.) S\$ Name 3:

w/GST

1) Claim status: Normal/~~Repair/Dispute/Bole~~
 2) Report Format: **TP**
 3) Survey fee: **\$400.00**