

INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **15/01/2020**Date / Time : **15/01/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBB 8374J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **22/11/2019 13:10**Place of Accident : **PIE > CHANGI**

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****GBJ 837B**INSRS:
WSP: **VISION**
Tel : **AUTOWORK**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
GBJ 837B - X	Non-Reporting ltr (1st):	
GBB 8374J - CS/CTI19020973/f3; DOA : 27.11.2019	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:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ 6,500.00 (7 days) Reduction: 70 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 22/06/2020 Confirm with Michelle	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST) S\$ 6,955.00		
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 960.00 (\$120 x 8 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\$ 7,922.45 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 7,922.45 Name 1: Vision Autowork Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		

1) Claim status: Normal ~~Report Format: TP~~

2) Report Format: TP

3) Survey fee: \$400