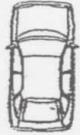


INS. CASE OWNER: CC 6 / AIG 2000 1274 / Aes3 IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 21/1/2020 Date / Time: 21/1/2020
 Registered in Merimen: 21/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFD 62D Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :SS _____ D.O.A : 18/1/2020 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

SLF8153R → → → → →

	INSRS: WSP: <u>Kang Car</u> Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:
--	---	--	---	--	---	--	---

Date/ Time	STAGE	DATE / PIC
	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)	<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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Confirm with: _____	Confirm by: <u>LWP</u>
Repair Cost: <u>L/S</u> S\$ <u>11,600.00</u> (<u>10</u> days) Reduction: <u>45</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>09.09.20</u> Confirm with <u>SHARON</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>12,412.00</u>	<u>OI HIT 3 PARKED VEHICLE</u>	
Loss of Rental (LOR): S\$ <u>1,620.00</u> (<u>13.5</u> days) X \$120		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u>2.00</u>		
Medical: S\$ -	1) Claim status: Normal/ Reject/Partial Settlement	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost S\$ -	3) Survey fee: <u>\$320</u>	
Total: S\$ <u>14,034.00</u>	Global Sum S\$:	
FINAL PAYMENT Date/Time: <u>09.09.20</u> Confirm with: <u>SHARON</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>14,034.00</u>	Name 1: <u>KANG CAR REPAIRERS PTE LTD</u>	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	