

15/5/2010

CC4/FWD20002811/Apa3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 17/02/2020

Date / Time : 17/02/2020

Registered in Merimen: 18/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJX 6946L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 14/02/2020

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

SLR 4214L

INSRS:
WSP: N-51
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLR 4214L - X	SJX 6946L - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
02/11/2020	Pls refer to Views for details.		Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: L/sum	S\$ 5,900.00	(06 days) Reduction: 37 %	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 02/11/2020 Confirm with: Hui Xin				
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 6,313.00			
Loss of Rental (LOR):	S\$ 490.00	(7 days) x \$70		
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\$ 7.45		1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$		2) Report Format:	
Disbursement:	S\$	(e.g. Tow/ Independent)	3) Survey fee:	
Legal Cost	S\$			
Total:	S\$ 6,810.45	Global Sum S\$: 6,800.00	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL PAYMENT Date/Time: _____ Confirm with: _____				
Payee 1:	S\$ 6,800.00	Name 1: N-51 Automotive Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		