

P.S. CASE OWNER:

ASSIGNMENT

Surveyor:

OSP

DOI:

19/2/2020

Date / Time : 18/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SFD 7787A

Claim No. : S0M02GM5

Name of Insured : HENG CHIN SHENG

Policy No. : GA501562

Insured Tel No. : _____ HP: _____

Make / Model : BMW 730 LI

Excess Sec II :\$ \$ D.O.A : 15/02/2020 10:00

Place of Accident : MARYMOUNT ROAD

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

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

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

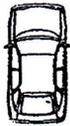
GBJ 7500B



INSRS:
WSP: WENG KEE
Tel: MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|--|---|---|
| | GBJ 7500B - X | SFD 7787A - X |
| | Non-Reporting ltr (1st): | |
| | Non-Reporting ltr (2nd): | |
| | Non-Reporting ltr (Final): | |
| | Notification ltr (if non-pickup): | |
| | Call OI: | |
| | After call ltr to OI: | <i>20/2 go email</i> |
| | 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: _____ | | |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | |
| Repair Cost: | <i>H6</i> S\$ 500.00 (6 days) Reduction: <i>3056.27</i> % <i>35</i> | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 19/01/2021 Confirm with IRENE | | |
| Final Liability: | % <i>100</i> (Agreed / Assessed) BOLA S/N No. : <i>27</i> | If NO or B 28, Ass. Lia : <i>OI rear - email TP</i> |
| Repair Cost: | S\$ <i>5600.00</i> | |
| Loss of Rental (LOR): | S\$ 385.20 (6 days) x \$64.20 W/GST | |
| Loss of Use (LOU): | S\$ <i>3000</i> (\$ <i>60</i> x <i>6</i> days) | |
| Loss of Income (LOI): | S\$ (\$ x days) | |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | |
| GIA/LTA Search | S\$ <i>2.00</i> | |
| Medical: | S\$ | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S\$ (e.g. Tow/ Independent) | 2) Report Format: <i>TP</i> |
| Legal Cost | S\$ | 3) Survey fee: <i>\$350/-</i> |
| Total: | S\$ <i>5716.20</i> 5987.20 Global Sum S\$: 5980.00 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ | | |
| Payee 1: | S\$ 5980.00 Name 1: <i>Weng Kee Motor</i> | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: | |
| Payee 3: (Strike if N.A.) | S\$ Name 3: | |