

15/5/2010

INS. CASE OWNER:

CC 4 / 111 2000 2950 / Ups3

LKK:

IDAC:

Surveyor:

Marcus

DOI:

ASSIGNMENT

20/2/2020

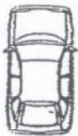
Date / Time:

20/2/2020

Registered in Merimen:

20/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV16953

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 15/2/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

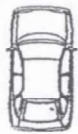
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLF8105E

INSRS:
WSP: Focus Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLF8105E [NA/111 2000 2950 / 24 ; D.O.A: 15/2/2020 SKV16953]	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)	☐
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
29/06/2020	Pls refer to VIEWS for details.		

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S\$ 4,300.00 (3 days) Reduction: 40 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/06/2020 Confirm with Jenny		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 4,601.00		
Loss of Rental (LOR):	S\$ 300.00 (3 days) x \$100.00		
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\$ 31.00		
Medical:	S\$		1) Claim status: Normal/TP (Private Settle)
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$350.00
Total:	S\$ 4,932.00 Global Sum S\$ 4,900.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 4,900.00 Name 1: Focus Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		