

15/5/2010

INS. CASE OWNER:

CC 4 / 111 2000 3003 / Gps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

X6Q

DOI:

28/2/2020

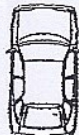
Date / Time:

20/2/2020

Registered in Merimen:

20/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBE9846S

Claim No.:

Name of Insured:

3S Supplies Pte Ltd

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

17/2/2020

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

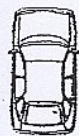
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

GBE 3835M



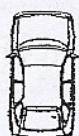
INSRS:

WSP: City Auto

Tel:

Liability:

RMKS:



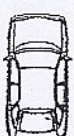
INSRS:

WSP:

Tel:

Liability:

RMKS:



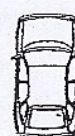
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GBE 3835M : X ; GBE9846S : X

4/3/2020 - ✓ OI GIA Rec'd

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)

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: PIP

S\$: 720.35 (2 days) Reduction: 62 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 77

If NO or B 28, Ass. Lia :

Repair Cost: W/BSY

S\$ 770.77

Loss of Rental (LOR):

S\$ (S 80 x 3 days)

Loss of Use (LOU):

S\$ 240.00 (S 80 x 3 days)

Loss of Income (LOI):

S\$ (S x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 5.00

Medical:

S\$ -

Disbursement:

S\$ -

Legal Cost

S\$ -

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 350.00

Total:

S\$ 1012.77

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1:

S\$ 1012.77

Name 1:

City Auto Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: