

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: ADRIAN

DOI: 24/02/2020

Date / Time : 24/02/2020

Registered in Merimen: 25/02/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SDR 8182M  
 Name of Insured : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : \$ \$ \_\_\_\_\_ D.O.A : 21/02/2020 13:05  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : \_\_\_\_\_  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : BLK 34 MARINE CRESCENT

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Insured Liability : % Final ? Yes / No

**SKX 314M**



INSRS:  
WSP: J-MART  
Tel: MOTOR  
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:	
	<b>Documentation Check List:</b>	<b>Handler Typist</b>
	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Confirm by: <u>LWP</u>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: <u>L/S</u> S\$ <u>1,800.00</u>	( <u>3</u> days) Reduction: <u>69</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>13.08.20</u>	Confirm with: <u>J-MART</u>	If NO or B 28, Ass. Lia :
Final Liability: % <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	<u>OID HIT STATIONARY TP</u>
Repair Cost: <u>w/GST</u> S\$ <u>1,926.00</u>		
Loss of Rental (LOR): S\$ <u>400.00</u>	( <u>4</u> days) X \$100	
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\$ -	1) Claim status: Normal/Reject/Under Seal
Medical:	S\$ -	2) Report Format: <u>TP</u>
Disbursement:	S\$ - (e.g. Tow/ Independent)	3) Survey fee: <u>\$320</u>
Legal Cost	S\$ -	
<b>Total:</b> S\$ <u>2,326.00</u>	<b>Global Sum S\$:</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL PAYMENT</b> Date/Time: <u>13.08.20</u>	Confirm with: <u>J-MART</u>	
Payee 1:	S\$ <u>2,326.00</u> Name 1: <u>J-MART MOTOR PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	