

INS. CASE OWNER:

CC 4 / FWD 2000 3933 / Ups3

LKK:

IDAC:

Surveyor:

Marcus

DOI:

## ASSIGNMENT

13/3/2020

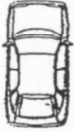
Date / Time:

12/3/2020

Registered in Merimen:

12/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLA8913R

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

10/3/2020

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.:

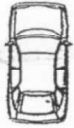
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SPR87777



INSRS:

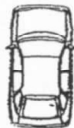
WSP:

Tel:

Liability:

RMKS:

AIM



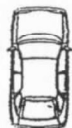
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SPR87777: X ; SLA8913R: X

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:

24/08/2020

Pls refer to Views for details.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum

S\$ 10,000.00 ( 5 days) Reduction: 64 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 23/08/2020

Confirm with: Jacyne

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost: w/GST

S\$ 10,700.00

Loss of Rental (LOR):

S\$ ( days)

Loss of Use (LOU):

S\$ 300.00 (\$ 60 x 5 days)

Loss of Income (LOI):

S\$ (\$ x days)

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

GIA/LTA Search

S\$

Medical:

S\$

1) Claim status: Normal/Project/Private/Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format: TP

Legal Cost

S\$

3) Survey fee: \$500.00

Total:

S\$ 11,000.00

Global Sum S\$: 10,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1:

S\$ 10,000.00

Name 1:

Automobile Integrated Management Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: