

INS. CASE OWNER:

CC6/FC/20003960/Aea3

LKK:  
IDAC:

**ASSIGNMENT**

Surveyor:

Adrian

DOI:

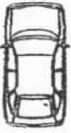
13/3/2020

Date / Time:

13/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7021H

Claim No. : D20061447MF8H

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :\$ D.O.A : 11/03/2020

Place of Accident : JUNCTION of orchid club rd

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

SLM 4464H



INSRS:  
WSP: N-51  
Tel: Automotive  
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> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by: <u>LWP</u>
Repair Cost: <u>L/S</u> S\$ <u>3,400.00</u> ( <u>5</u> days) Reduction: <u>37</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>22.02.21</u> Confirm with: <u>MELODY</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>3,638.00</u>		<u>OID REAR ENDED TP</u>
Loss of Rental (LOR): S\$ <u>405.65</u> ( <u>7</u> days) X \$57.95		
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\$ <u>7.45</u>		
Medical: S\$ -		1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>
Disbursement: S\$ - (e.g. Tow/ Independent )		2) Report Format: <u>TP</u>
Legal Cost S\$ -		3) Survey fee: <u>\$350</u>
<b>Total:</b> S\$ <u>4,051.10</u> <b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time: <u>22.02.21</u> Confirm with: <u>MELODY</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>4,051.10</u> Name 1: <u>N-51 AUTOMOTIVE PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		