

INS. CASE OWNER:

CC 4 / FWD2000 4190 / A ps3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

18/3/2020

Date / Time:

17/3/2020

Registered in Merimen:

18/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 6250C

Claim No. : _____

Name of Insured : Sutapa Basu

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 16/3/2020

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

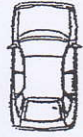
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJH 8315D



INSRS:

WSP: H-51

Tel :

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:	
	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:	Confirm by:
Repair Cost: 4000	S\$ 3600.00 (5 days) Reduction: 46 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/4/2021 Confirm with Hui Xian		Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 3852.00		
Loss of Rental (LOR):	S\$ 600.00 (4 days) X#1500		
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\$ 7.45		
Medical:	S\$ -		
Disbursement:	S\$ 100.00 (e.g. Tow/ Independent)		
Legal Cost	S\$ -		
Total:	S\$ 4559.45 Global Sum S\$: 4500.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 4500.00	Name 1: TwinCar Automotive Pte Ltd	
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	