

INS. CASE OWNER:

CC4/AIG20004204/1Xa3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

18/3/2020

b

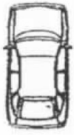
Date / Time :

18/3/2020

Registered in Merimen:

18/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDJ 2133L

Claim No. : 3517801413SG

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 17/03/2020

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

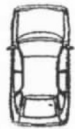
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMQ 2442B

INSRS:
WSP: ESTEEM
Tel : PERFORMANCE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMQ 2442B - X	Non-Reporting ltr (1st):	
	SDJ 2133L - CC3/AIG17023108/K1wa3q2 04/12/2017	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)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
23/09/2020	SETTLED AND CLOSED / FILE IN DRAWER	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" 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"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:			
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	L/S	S\$ 740.00	(2 days)	Reduction: 20.28 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 21/09/2020	Confirm with CARMEN LIN		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$	791.80				
Loss of Rental (LOR):	S\$	254.85	(3 days)	x \$84.95	OI reversing out the house	
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\$	7.45				
Medical:	S\$					
Disbursement:	S\$		(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$				2) Report Format: TP	
Total:	S\$	1,054.10	Global Sum S\$:		3) Survey fee: \$320.00	
FINAL PAYMENT		Date/Time:	Confirm with:		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$	1,054.10	Name 1:	ESTEEM PERFORMANCE PTE LTD		
Payee 2: (Strike if N.A.)	S\$		Name 2:			
Payee 3: (Strike if N.A.)	S\$		Name 3:			