

15/5/2010

CC3/AIG20004273/Eka3

LKK:
IDAC:

INS. CASE OWNER:

~~CC / AIG1000~~

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : _____ Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : _____ 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



INSRS:
WSP:
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)	<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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: S\$ 2,272.00 (4 days) Reduction: 14,004/86 % Email Call

FINAL SETTLEMENT Date/Time: 13/11/2020 Confirm with NADIA Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23 If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 2,431.04

Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ 400 (\$ 100 x 4 days)

Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)
LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$ 2.00

Medical: S\$ _____
Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____

Total: S\$ 2,833.04 **Global Sum S\$:** _____
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$320

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 2,833.04 Name 1: Premium Automobiles Pte Ltd

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____