

ASSIGNMENT

Surveyor:

Adrian

DOI:

25/03/2020

Date / Time :

25/03/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7711A

Claim No. : D20001590MFSH

Name of Insured :

Policy No. : D-20094921MFSH

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A : 19/03/2020

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

SKC 3293E

INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
SKC 3293E - X	Non-Reporting ltr (1st):	
SHC 7711A - CS/TMI16002023/H1th3n2 30/01/2016	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: LWP
FINALIZATION Date/Time:	Confirm with:	Email ☐ Call ☐
Repair Cost: L/S \$S 4,000.00 (7 days) Reduction: 82 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 22.02.21 Confirm with NICOLE		If NO or B 28, Ass. Lia :
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9		OID MAKE A LEFT TURN TO MAIN ROAD
Repair Cost: w/GST \$S 4,280.00		
Loss of Rental (LOR): \$S - (days)		
Loss of Use (LOU): \$S 350.00 (\$ 50 x 7 days)		
Loss of Income (LOI): \$S - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search \$S 29.00		
Medical: \$S -		1) Claim status: Normal/Reject/Revised/Other
Disbursement: \$S - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost \$S -		3) Survey fee: \$600
Total: \$S 4,659.00 Global Sum \$S:		
FINAL PAYMENT Date/Time: 22.02.21 Confirm with: NICOLE		Email ☐ Call ☐
Payee 1: \$S 4,659.00 Name 1: CAS GARAGE PTE LTD		
Payee 2: (Strike if N.A.) \$S Name 2:		
Payee 3: (Strike if N.A.) \$S Name 3:		