

INS. CASE OWNER: Janice Goh

CC4/EQI20004590/Ega3

LKK:

IDAC:

**ASSIGNMENT**

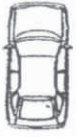
Surveyor: STEVE

DOI: 27/03/2020

Date / Time : 27/03/2020

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SGS 8241K

Claim No. : DM20HO00634/SG

X

Name of Insured : DREAM CAR LEASING PTE LTD

Policy No. : DMCFHQ19-000090

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

Make / Model : TOYOTA AXIO-1.5 (A)

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 23/03/2020 08:10

Place of Accident : 33 LEONIE HILL ROAD (OUE TWIN PEAKS)

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

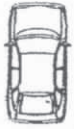
If NO, Driver Name / Age : BRAYDEN MARCUS LOW

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

Driver Tel No. : +65-91236969 (V/L: YES / NO )

Insured Liability : % Final ? Yes / No

VCR 8480

INSRS:  
WSP: SOUTHERN  
Tel: MOTOR  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	VCR 8480 - X	Non-Reporting ltr (1st):	
	SGS 8241K - CC4/EQI17019982/Gfb3q2 ; 12/10/2017	Non-Reporting ltr (2nd):	
	NA/INC11020509/s2 ; 06/10/2011	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\$ \_\_\_\_\_ ( \_\_\_\_\_ days) Reduction: % \_\_\_\_\_ Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email ☐ Call ☐

Final Liability: % \_\_\_\_\_ (Agreed / Assessed) BOLA S/N No. : \_\_\_\_\_ If NO or B 28, Ass. Lia : \_\_\_\_\_

Repair Cost: S\$ \_\_\_\_\_

Loss of Rental (LOR): S\$ \_\_\_\_\_ ( \_\_\_\_\_ days)

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\$ \_\_\_\_\_

Medical: S\$ \_\_\_\_\_

Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )

Legal Cost S\$ \_\_\_\_\_

**Total:** S\$ \_\_\_\_\_

**Global Sum S\$:** \_\_\_\_\_

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email ☐ Call ☐

Payee 1: S\$ \_\_\_\_\_

Name 1: \_\_\_\_\_

Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_

Name 2: \_\_\_\_\_

Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_

Name 3: \_\_\_\_\_

1) Claim status: Normal/Reject/Private Settle

2) Report Format: \_\_\_\_\_

3) Survey fee: \_\_\_\_\_

