

INS. CASE OWNER:

CC4/FWD20004662/AXa3

LKK:

IDAC:

## ASSIGNMENT

Surveyor: ADRIAN

DOI:

30/3/2020

Date / Time : 30/03/2020

Registered in Merimen: 30/03/2020

## Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 8613X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 27/03/2020

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

SLW 3520H



INSRS:

WSP: N-51

Tel: AUTOMOTIVE

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLW 3520H - X

SLV 8613X - X

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:

04/11/2020 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 7,000.00 ( 6 days) Reduction: 48 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/10/2020 Confirm with MELODY

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 7,490.00

Loss of Rental (LOR): S\$ 455.60 ( 8 days) X \$56.95

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\$ 36.45

Medical:

Disbursement: S\$ 120.00 (e.g. Tow Independent)

Legal Cost S\$

Total: S\$ 8,102.05 Global Sum S\$: 8,100.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$500.00

## FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 8,100.00

Name 1: N-51 AUTOMOTIVE PTE LTD

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

Name 2:

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

Name 3: