

15/5/2010

INS. CASE OWNER:

CC4/AIG1801

8885, 9163

LKK:

IDAC:

Surveyor:

xua

DOI:

ASSIGNMENT

13/10/18

Date / Time :

16/10/18

Registered in Merimen:

17/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

51X 877H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

17/10/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SME 47817



INSRS:

WSP:

Tel :

Liability :

RMKS:

BW



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE/ PIC
5ME 47817 - X	Non-Reporting ltr (1st):	
51X 877H - X	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐
		Others: ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ 1,012.00	(2 days) Reduction: 56 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 07/07/2020	Confirm with Lana	Email ☒ Call ☐
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST) S\$ 1,082.84		OI HIT TP WHILE TURNING
Loss of Rental (LOR): S\$ -	(days)	
Loss of Use (LOU): S\$ 100.00	(S 50 x 2 days)	
Loss of Income (LOI): S\$ -	(S x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search S\$ 7.49		
Medical: S\$ -		1) Claim status: Normal/ Other
Disbursement: S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$70 (\$320 - \$250)
Total: S\$ 1,190.33	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 1,190.33	Name 1: BW Workshop Services Pte Ltd	
Payee 2: (Strike if N.A.) S\$ -	Name 2:	
Payee 3: (Strike if N.A.) S\$ -	Name 3:	