

INS. CASE OWNER: Saliha

CC4/AIG20005730/Uga3

IDAC:

ASSIGNMENTSurveyor: MARCUSDOI: 14/05/2020Date / Time : 14/05/2020Registered in Merimen: 14/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLR 9130LClaim No. : 1760627197SGName of Insured : POPULAR RENT A CAR PTE LTDPolicy No. : 0999994035

Insured Tel No. : _____ HP: _____

Make / Model : MAZDA 5 WAGON-2.0 EU6 (A)Excess Sec II :\$ _____ D.O.A : 13/05/2020Place of Accident : ALONG CTE EXIT TO ANG MO KIO AVE 1Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : LIM KEE POHOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 98169150 (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**GBA 6679ZINSRS:
WSP: ASIA
Tel : MOTORSPORTS
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBA 6679Z - NA/III20005712/h4 13/05/2020	STAGE DATE / PIC
		Non-Reporting ltr (1st):
	SLR 9130L - NA/III20005712/h4 13/05/2020	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\$ _____ (_____ 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\$ _____		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: _____
Legal Cost S\$ _____		3) Survey fee: _____
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: _____		