

INS. CASE OWNER:

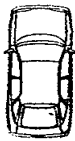
CC4/FWD20005886/Aba3

IDAC:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : 22/05/2020Registered in Merimen: 22/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMC 2176TClaim No. : 1202000017944

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

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

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 21/05/2020

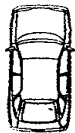
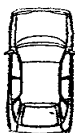
Place of Accident : \_\_\_\_\_

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 2552YINSRS:  
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 2552Y - X	SMC 2176T - 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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>04/11/2020</b>	<b>SETTLED AND CLOSED / NO PHY FILE</b>		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>L/S</b>	S\$ <b>2,600.00</b> ( <b>4</b> days) Reduction: <b>38.14</b> %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>29/10/2020</b> Confirm with <b>MELODY</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <b>2,782.00</b>			
Loss of Rental (LOR):	S\$ <b>461.70</b> ( <b>6</b> days) <b>X \$76.95</b>		<b>OID rear-ended TP</b>	
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$ <b>36.45</b>			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost	S\$		3) Survey fee: <b>\$500.00</b>	
<b>Total:</b>	S\$ <b>3,280.15</b> <b>Global Sum S\$: 3,250.00</b>			
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>3,250.00</b>	Name 1: <b>N-51 AUTOMOTIVE PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		