

INS. CASE OWNER:

CC4/FWD20005932/ba3

IDAC:

ASSIGNMENT

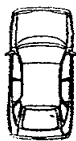
Aba3

Surveyor: _____

DOI: _____

Date / Time : 26/05/2020

Registered in Merimen: 26/05/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SGF 2422M

Claim No. : 1202000017970

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 23/05/2020

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

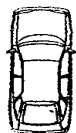
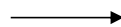
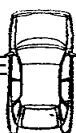
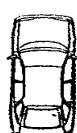
If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SMD 2312L

INSRS:
WSP:
Tel : SM AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SMD 2321L - X

STAGE

DATE / PIC

SGF 2422M - NA/FWD20005909/z4 23/05/2020

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:

☐☐

07/08/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>	
		Others: <input type="checkbox"/> <input type="checkbox"/>	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: L/S	S\$ 4,100.00 (5 days) Reduction: 65.17 %	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 07/08/2020 Confirm with: SUKYI CHONG		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,100.00	OI rear-ended TP.	
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 360.00 (\$ 60 x 6 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: TP	
Legal Cost	S\$ _____	3) Survey fee: \$500.00	
Total:	S\$ 4,460.00 Global Sum S\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1:	S\$ 4,460.00 Name 1: SM AUTOMOTIVE		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		