

15/5/2010

CC4/FCI20005981/R1ka3q2

LKK:

IDAC:

INS. CASE OWNER:

CC / AIG 1301

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: :

Make / Model :

Excess Sec II :S\$ D.O.A : :

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

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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:	☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Email ☐ Call ☐

Repair Cost: S\$ 2,310.80 (3 days) Reduction: 2,976.55 /56%

FINAL SETTLEMENT Date/Time: 26/8/2020 Confirm with CAROLINE

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOIA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 2,472.56

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 180.00 (\$ 60 x 3 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]

GIA/I.TA Search S\$

Medical: S\$

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

Legal Cost S\$

Total: S\$ 2,652.56

Global Sum S\$:

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1: S\$ 2,652.56

Name 1:

PERFORMANCE MOTORS LIMITED

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

Name 2:

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

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350