

INS. CASE OWNER:

CC4/FWD20006249/Kba3

IDAC:

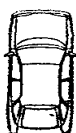
ASSIGNMENTSurveyor: KENNETHDOI: 16/06/2020Date / Time : 11/06/2020Registered in Merimen: 11/06/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLA 2265SClaim No. : 1202000018374Name of Insured : CHIN LOCK SEE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : CITROEN C4 PICASSO-1.6 BLUEHDI EAT6 (A)Excess Sec II :\$ _____ D.O.A : 10/06/2020Place of Accident : Along Slip Road From SLE Towards Thomson RoadIs driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SJS 8238KINSRS: NGS
WSP: AUTOMOTIVE
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SJS 8238K - X	Non-Reporting ltr (1st):	
	SLA 2265S - CC3/AIG17000557/Aeg3q2 07/01/2011	Non-Reporting ltr (2nd):	
	CC4/FWD18008559/Keb3q2 28/04/2018	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)	<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"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
11/09/2020	SETTLED AND CLOSED / NO PHY FILE	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"/>
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: <u>L/S</u>	\$S\$ <u>5,400.00</u> (<u>5</u> days) Reduction: <u>54.41</u> %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>10/09/2020</u> Confirm with <u>EVELYN NG</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S\$ <u>5,400.00</u>		
Loss of Rental (LOR):	\$S\$ <u>600.00</u> (<u>6</u> days) X \$100.00	OID rear-ended TP	
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\$ <u>7.45</u>		
Medical:	\$S\$	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	\$S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$	3) Survey fee: <u>\$500.00</u>	
Total:	\$S\$ <u>6,007.45</u> Global Sum \$S\$: <u>6,000.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$S\$ <u>6,000.00</u> Name 1: <u>NGS AUTOMOTIVE</u>		
Payee 2: (Strike if N.A.)	\$S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ Name 3: _____		