

INS. CASE OWNER:

CC 4 / FWD2000 6296 / Aps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 08/06/2020Date / Time : 08/06/2020Registered in Merimen: 08/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJF 6302P

Claim No. : _____

Name of Insured : MICHEAL LIM MENG HAI

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 07/06/2020

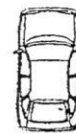
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT ☒ YES / NO ; TP GIA REPORT ☒ YES / NODriver Tel No. : _____ (V/L ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SJQ 3456RINSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	SJQ 3456R : X ; SJE 6302P : 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:	
			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:	
Repair Cost: L/SUM	S\$ 6,250.00	(6 days) Reduction: 69 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04.02.2021	Confirm with NICOLE	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 6,687.50			
Loss of Rental (LOR):	S\$ 600.00	(6 days) x \$100.00		
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\$ 7.45			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal ☒ Private ☐	
Legal Cost	S\$	2) Report Format: TP		3) Survey fee: 500.00
Total:	S\$ 7,294.95	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 7,294.95	Name 1:	CAS Garage Pte. Ltd.	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		