

INS. CASE OWNER:

CC 4 / EQI 2000 6317 / Gps3

LKK:
IDAC:

ASSIGNMENT

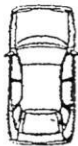
Surveyor: XGQ

DOI: 11/06/2020

Date / Time : 11/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJJ 1344E

Claim No. : —

Name of Insured : —

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

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

Place of Accident : —

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

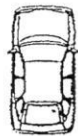
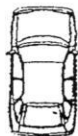
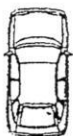
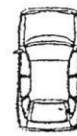
If NO, Driver Name / Age : —

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

Driver Tel No. : — (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLZ 660R

INSRS:
WSP: REVOLUTION
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLZ 660R : X ; SJJ 1344E : 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:	
05/10/2021	Pls refer to VIEWS for details.	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: Sent By:		
FINALIZATION	Date/Time: Confirm with:	Confirm by:	
Repair Cost: L/sum	S\$ 11,700.00 (9 days) Reduction: 62 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ Global Sum S\$:		
FINAL PAYMENT	Date/Time: Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ Name 1:		
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~~ /WP
 2) Report Format: TP
 3) Survey fee: \$300.00