

INS. CASE OWNER:

CC4/ASM20006803/Upv3

IDAC:

**ASSIGNMENT**Surveyor: MarcusDOI: 30.06.2020Date / Time : 30.06.2020

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : SKM 3972B

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 28/06/2020

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 8489SINSRS:  
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):                            |                                                   |
| 14/07/2020                                                                                                                                                           | Pls refer to VIEWS for details.                                                                                                                      | Call OI:                                                     |                                                   |
|                                                                                                                                                                      |                                                                                                                                                      | After call ltr to OI:                                        |                                                   |
|                                                                                                                                                                      |                                                                                                                                                      | <b>Documentation Check List:</b>                             | <b>Handler</b> <b>Typist</b>                      |
|                                                                                                                                                                      |                                                                                                                                                      | 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 type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | Release Voucher:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | Final Repair Bill:                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | Car Rental Invoice:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | Towing Invoice                                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | LTA / GIA :                                                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | Medical Bill:                                                | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | PIR:                                                         | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | Mandate/Reject Instruction:                                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | LOD                                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | Payment Breakdown Form:                                      | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____ Sent By: _____                                                                                                                      | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                                                      | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____ Confirm with: _____ Confirm by: _____                                                                                               |                                                              |                                                   |
| Repair Cost: <u>L/sum</u>                                                                                                                                            | S\$ <u>3,200.00</u> ( <u>5</u> days) Reduction: <u>70</u> %                                                                                          | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>14/07/2020</u> Confirm with <u>Asia Motorsports Solution Pte Ltd</u> <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>3,200.00</u>                                                                                                                                  |                                                              |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <u>650.00</u> ( <u>5</u> days) <del>x \$130.00</del>                                                                                             |                                                              |                                                   |
| 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: Normal/Reject/Private Settlement            |                                                   |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                                                                                                         | 2) Report Format: <u>TP</u>                                  |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                                                                                                                                  | 3) Survey fee: <u>\$350.00</u>                               |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <u>3,857.45</u> <b>Global Sum S\$:</b> <u>3,850.00</u>                                                                                           |                                                              |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                         |                                                              |                                                   |
| Payee 1:                                                                                                                                                             | S\$ <u>3,850.00</u> Name 1: <u>Asia Motorsports Solution Pte Ltd</u>                                                                                 |                                                              |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2: _____                                                                                                                                    |                                                              |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3: _____                                                                                                                                    |                                                              |                                                   |