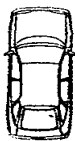


INS. CASE OWNER:

CC4/FWD20007514/Kba3

IDAC:

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **21/07/2020**Date / Time : **21/07/2020**Registered in Merimen: **21/07/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJH 487T**Claim No. : **1202000019171**

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **18/7/2020**

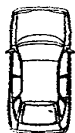
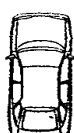
Place of Accident : \_\_\_\_\_

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****SBB 541X**INSRS:  
WSP: **Complete**  
Tel : **VMS**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time			STAGE	DATE / PIC	
	SBB 541X - X	SJH 487T - X	Non-Reporting ltr (1st):		
			Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final):		
			Notification ltr (if non-pickup):		
			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 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 type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
19/10/2020	SETTLED AND CLOSED / NO PHY FILE	LTA / GIA :	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		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"/>	
		Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
		Others:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE			Date/Time:	Sent By:	

<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <b>L/S</b>	S\$ <b>6,900.00</b> ( <b>7</b> days) Reduction: <b>61.58</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>16/10/2020</b> Confirm with <b>LILY LEOW</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ <b>7,383.00</b>		
Loss of Rental (LOR):	S\$ ( days)		<b>OI drive out from parking lot and collided with TP which is going straight. The first impact cause OI vehicle moved and hit 3rd car .</b>
Loss of Use (LOU):	S\$ <b>960.00</b> (\$ <b>120</b> x <b>8</b> days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <b>7.45</b>		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>
Legal Cost	S\$		3) Survey fee: <b>\$500.00</b>
<b>Total:</b>	S\$ <b>8,350.45</b>	<b>Global Sum S\$: 8,350.00</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>8,350.00</b>	Name 1:	<b>COMPLETE VMS PTE LTD</b>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	