

INS. CASE OWNER:

ASSIGNMENT

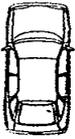
Surveyor: **KENNETH**

DOI: **28/07/2020**

Date / Time : **22/07/2020**

Registered in Merimen: **22/07/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBG 4215K**

Claim No. : **0236852354SG**

Name of Insured : **BKW RENT A CAR PTE LTD**

Policy No. : **0999993972**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **16/07/2020 13:15**

Place of Accident : **ALONG HOUGANG AVE 1**

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

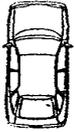
If NO, Driver Name / Age :

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

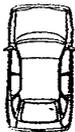
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

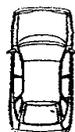
SMG 8251Z



INSRS: _____
WSP: **Ah Lim Motor**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SMG 8251Z - X	GBG 4215K - 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)	<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"/>
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: P/P S\$ 12,353.15 (7 days) Reduction: 19 %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 13/7/2021 Confirm with MUIHONG			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 13,217.87				
Loss of Rental (LOR): S\$ 800.00 (8 days) x \$100.00				
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\$ 7.45				
Medical: S\$ _____			1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)			2) Report Format: TP	
Legal Cost S\$ _____			3) Survey fee: 320.00	
Total: S\$ 14,025.32 Global Sum S\$:				
FINAL PAYMENT Date/Time:		Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 14,025.32 Name 1: AH LIM MOTOR COMPANY				
Payee 2: (Strike if N.A.) S\$ _____ Name 2:				
Payee 3: (Strike if N.A.) S\$ _____ Name 3:				