

INS. CASE OWNER:

CC3/III20007663/R1ba3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 24/07/2020Registered in Merimen: 26/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBA 195SClaim No. : MFL2020D0001432

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

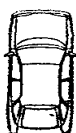
Excess Sec II :\$ _____ D.O.A : 24/07/2020 16:00Place of Accident : 33 JERVOIS ROAD

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****SLQ 1611Z**INSRS:
WSP: **PERFORMANCE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLQ 1611Z - X	Non-Reporting ltr (1st):	
	GBA 195S - NA/INC12017140/e1 ; 03.09.2012	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 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 checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		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"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
25/09/2020	SETTLED AND CLOSED / NO PHY FILE		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S\$ 4,561.70 (4 days) Reduction: 17.56 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 24/09/2020 Confirm with Caroline	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	\$S\$ 4,881.02		
Loss of Rental (LOR):(W/GST)	\$S\$ 481.50 (3 days) X \$150.00	Insured driver	
Loss of Use (LOU):	\$S\$ (\$ x days)	reversed and hit stationary thrid party	
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: \$350.00	
Total:	\$S\$ 5,369.97	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S\$ 5,369.97	Name 1: PERFORMANCE MOTORS LIMITED	
Payee 2: (Strike if N.A.)	\$S\$	Name 2:	
Payee 3: (Strike if N.A.)	\$S\$	Name 3:	