

INS. CASE OWNER:

ASSIGNMENT**CC6/AIG20008707/Upa3**

Surveyor:

MARCUSDOI: **20/08/2020**Date / Time : **20/08/2020**Registered in Merimen: **20/08/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMG 4972C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **17/08/2020 14:20**Place of Accident : **JLN BAHAR / NANYANG AVE JUNCTION**

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**SMN 385L**INSRS:
WSP: **QUAN DE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMN 385L - X	SMG 4972C - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
15/01/2021	Pls refer to VIEWS for details.		Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
				Typist
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			Final Repair Bill:	☐
			Car Rental Invoice:	☐
			Towing Invoice	☐
			LTA / GIA :	☐
			Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☐
			LOD	☐
			Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum	S\$ 5,200.00	(4 days) Reduction: 46 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 15/01/2021	Confirm with Jennifer	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 5,200.00			
Loss of Rental (LOR):	S\$ 400.00	(4 days) x \$100		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐	LOU only ☐	LOR + LOU ☐	[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:	
Legal Cost	S\$		3) Survey fee:	
Total:	S\$ 5,607.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 5,607.45	Name 1: Quan De Motor Trading		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		