

INS. CASE OWNER:

CC 4 /LPC 2000 9580 / Ags3

LKK:

IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 09/09/2020Date / Time : 08/09/2020Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 2606J
 Name of Insured : ISO-INTEGRATED M&E PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 13/08/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

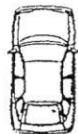
If NO, Driver Name / Age :

Driver Tel No. :

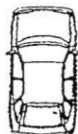
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : _____ % Final ? Yes / No

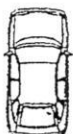
SMT 2214C



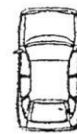
INSRS:
WSP: WEARNES
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
SMT 2214C : YP 2606J : NA/LPC20008437/z4 ; DOA : 13/08/2020	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)	☐
	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: P/P S\$ 8377.57 (5 days) Reduction: 5998.03 % 41	Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 16/11/2020 Confirm with CHRISTINE	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 8964.00 W/GST		
Loss of Rental (LOR): S\$ 770.40 (6 days) x \$128.40 W/GST		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$		
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: \$400.00	
Total: S\$ 9734.40 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 9734.40 Name 1: WEARNES AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		