

INS. CASE OWNER:

CC6 /AIG 2000 9835 / Ars3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

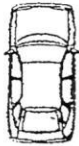
Adrian

DOI: 15/09/2020

Date / Time : 14/09/2020

Registered in Merimen: 14/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDN 3328P

Claim No. : _____

Name of Insured : GWEE CHERN CHERN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 10/09/2020

Place of Accident : _____

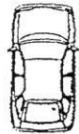
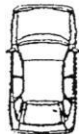
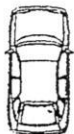
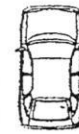
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SMK 5097B

INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SMK 5097B : X	Non-Reporting ltr (1st):	
SDN 3328P : CS/QW07003997/Avb ; DOA : 14/10/2007	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:	Post-Repair Photos:	☐
Sent By:	Others:	☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM \$8,300.00 (7 days) Reduction: 50 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 06.04.2021 Confirm with GERINE	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST \$8,881.00		
Loss of Rental (LOR): \$840.00 (7 days) x \$120.00		
Loss of Use (LOU): \$ (\$ x days)		
Loss of Income (LOI): \$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search \$29.00		
Medical: \$	1) Claim status: Normal/Reject/Private Settle	
Disbursement: \$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost \$	3) Survey fee: 320.00	
Total: \$9,750.00 Global Sum \$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: \$9,750.00 Name 1: CAS Garage Pte Ltd		
Payee 2: (Strike if N.A.) \$ Name 2:		
Payee 3: (Strike if N.A.) \$ Name 3:		