

INS. CASE OWNER: **RACHELWU****CC4/FCI20010714/R1ra3q2**

IDAC:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : **06.10.2020**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 4728S**Claim No. : **D20004014MFSH**

Name of Insured : \_\_\_\_\_

Policy No. : **D-20094922MFSH**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

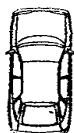
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **30/9/2020 18:15**Place of Accident : **AYE TWDS TUAS AFTER PORTADOWN EXIT**

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****SGG 4004T** → **SHD 4728S** →**SLQ 5218A** → \_\_\_\_\_INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **OI**INSRS:  
WSP: **BORNEO**  
Tel : **MOTORS**  
Liability :  
RMKS: **TP**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                             |                                                  | STAGE                                                                   | DATE / PIC               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------|--------------------------|
|                                                                                                                                                                      | <b>SLQ 5218A - X</b>                                        | <b>SHD 4728S - X</b>                             | Non-Reporting ltr (1st):                                                |                          |
|                                                                                                                                                                      |                                                             |                                                  | Non-Reporting ltr (2nd):                                                |                          |
|                                                                                                                                                                      |                                                             |                                                  | Non-Reporting ltr (Final):                                              |                          |
|                                                                                                                                                                      |                                                             |                                                  | Notification ltr (if non-pickup):                                       |                          |
|                                                                                                                                                                      |                                                             |                                                  | Call OI:                                                                |                          |
|                                                                                                                                                                      |                                                             |                                                  | After call ltr to OI:                                                   |                          |
|                                                                                                                                                                      |                                                             |                                                  | <b>Documentation Check List:</b>                                        | <b>Handler</b>           |
|                                                                                                                                                                      |                                                             |                                                  | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | After call ltr to OI:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Authorisation To Act:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Release Voucher:                                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Final Repair Bill:                                                      | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Car Rental Invoice:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Towing Invoice                                                          | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | LTA / GIA :                                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Medical Bill:                                                           | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | PIR:                                                                    | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Mandate/Reject Instruction:                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | LOD                                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Payment Breakdown Form:                                                 | <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                  | Sent By:                                         | Post-Repair Photos:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                  | Others:                                                                 | <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                  | Confirm with:                                    | Confirm by:                                                             |                          |
| Repair Cost: <b>P/P</b>                                                                                                                                              | <b>S\$ 4,283.00</b> ( <b>3</b> days) Reduction: <b>49</b> % |                                                  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>19.01.2021</b>                                | Confirm with <b>ASHLYN</b>                       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>  |                                                  | If NO or B 28, Ass. Lia :                                               |                          |
| Repair Cost: <b>w/GST</b>                                                                                                                                            | <b>S\$ 4,582.81</b>                                         |                                                  |                                                                         |                          |
| Loss of Rental (LOR):                                                                                                                                                | <b>S\$</b> ( _____ days)                                    |                                                  |                                                                         |                          |
| Loss of Use (LOU):                                                                                                                                                   | <b>S\$ 300.00</b> (\$ <b>100</b> x <b>3</b> days)           |                                                  |                                                                         |                          |
| Loss of Income (LOI):                                                                                                                                                | <b>S\$</b> (\$ _____ x _____ days)                          |                                                  |                                                                         |                          |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                             |                                                  |                                                                         |                          |
| GIA/LTA Search                                                                                                                                                       | <b>S\$</b>                                                  |                                                  |                                                                         |                          |
| Medical:                                                                                                                                                             | <b>S\$</b>                                                  |                                                  | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |                          |
| Disbursement:                                                                                                                                                        | <b>S\$</b> (e.g. Tow/ Independent )                         |                                                  | 2) Report Format: <b>TP</b>                                             |                          |
| Legal Cost                                                                                                                                                           | <b>S\$</b>                                                  |                                                  | 3) Survey fee: <b>350.00</b>                                            |                          |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 4,882.81</b>                                         | <b>Global Sum S\$:</b>                           |                                                                         |                          |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                  | Confirm with:                                    | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| Payee 1:                                                                                                                                                             | <b>S\$ 4,882.81</b>                                         | Name 1: <b>BORNEO MOTORS (SINGAPORE) PTE LTD</b> |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                            | <b>S\$</b>                                                  | Name 2:                                          |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                            | <b>S\$</b>                                                  | Name 3:                                          |                                                                         |                          |