

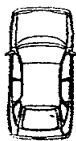
INS. CASE OWNER:

CC6/QBE20010774/Ara3q2

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBF 3558H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

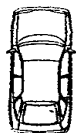
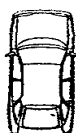
Excess Sec II :S\$ _____ D.O.A : **06/10/2020 10:55**Place of Accident : **PANDAN FLYOVER ENTERING INTO AYE (TUAS)**

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****GBJ 2568P**
 INSRS:
 WSP: **MODERN**
 Tel :
 Liability :
 RMKS:

 INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	GBJ 2568P - X	GBF 3558H - X	STAGE	DATE / PIC
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost: P/P	S\$ 7,126.95 (5 days) Reduction: 18 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 13.01.2021 Confirm with GRACE	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	S\$ 7,625.84			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 days)			
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Private Settlement		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$ _____	3) Survey fee: 400.00		
Total:	S\$ 8,127.84	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 8,127.84	Name 1:	MODERN AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		