

INS. CASE OWNER:

CC4/AIG20010907/Kpa3

IDAC:

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **09.10.2020**Registered in Merimen: **09.10.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBE 3962D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

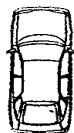
Excess Sec II :S\$ _____ D.O.A : **07/10/2020 15:25**Place of Accident : **ALONG JOO CHIAT RD NEAR UNIT 333**

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****SMU 6499R** →INSRS:
WSP: **WEI LEE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMU 6499R - X	GBE 3962D - X	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: L/SUM S\$ 5,900.00 (6 days) Reduction: 37 %			Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 28.12.2020 Confirm with KAREN			Email ☒	Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 33			If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 6,313.00				
Loss of Rental (LOR): S\$ (days)				
Loss of Use (LOU): S\$ 360.00 (\$ 60 x 6 days)				
Loss of Income (LOI): S\$ (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [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: TP	
Legal Cost S\$			3) Survey fee: 320.00	
Total: S\$ 6,680.45	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐	Call ☐
Payee 1: S\$ 6,680.45	Name 1:	WEI LEE MOTOR WORKS		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			