

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 19/10/2020

Date / Time : 19/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 3842J

Claim No. : S0M02VN2

Name of Insured : PATWARI BINOD

Policy No. : GA315248

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 17/10/2020 10:00

Place of Accident : JUNC OF SWISS CLUB RD-IN FRONT
OF 4 SWISS CLUB RD

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

SMT 6875T

INSRS:
WSP: Dynamic
Tel : Autowork
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMT 6875T - X	SLV 3842J - 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:	
09/02/2021	Pls refer to VIEWS for details.		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\$ 3,900.00	(6 days) Reduction: 77 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 09/02/2021	Confirm with Michelle	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 4,173.00			
Loss of Rental (LOR):	S\$ 700.00 (7 days) x \$100			
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\$ 36.45			
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: \$350.00	
Total:	S\$ 4,909.45	Global Sum S\$: 4,900.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 4,900.00	Name 1: DYNAMIC AUTOWORK PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		