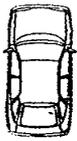


INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 05/11/2020 Date / Time : 05/11/2020
 Registered in Merimen: 06/11/2020

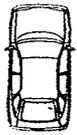
Pre-assign / CCU / FTE



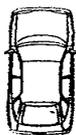
Insured Vehicle No. : GBE 9421J Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 28/10/2020 15:30 Place of Accident : PIE EXITING BUKIT BATOK EAST AVE 3
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

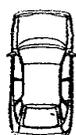
GBF 4849L →



INSRS:
WSP: SIN FATT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	<u>GBF 4849L - X</u>	<u>GBE 9421J - X</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:			
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost: <u>L/SUM</u> S\$ <u>4,000.00</u> (<u>6</u> days) Reduction: <u>56</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>3/3/2021</u> Confirm with <u>CHRIS</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>4,000.00</u>				
Loss of Rental (LOR): S\$ _____ (_____ days)				
Loss of Use (LOU): S\$ <u>560.00</u> (\$ <u>80</u> x <u>7</u> days)				
Loss of Income (LOI): S\$ _____ (\$ _____ 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 S\$ <u>7.45</u>				
Medical: S\$ _____			1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>	
Legal Cost S\$ _____			3) Survey fee: <u>320.00</u>	
Total: S\$ <u>4,567.45</u>	Global Sum S\$: <u>4,500.00</u>			
FINAL PAYMENT Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>4,500.00</u>	Name 1:	<u>SIN FATT DIESEL MOTOR</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2:			
Payee 3: (Strike if N.A.) S\$ _____	Name 3:			