

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: ADRIAN DOI: 06/01/2021 Date / Time : 05/01/2021  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBC 3487U Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 31.12.2020 Place of Accident : BLK 475D UPPER S'GOON CARPARK  
 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**

**SME 4972M**



INSRS:  
WSP: CAS GARAGE  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SME 4972M - X</b>	Non-Reporting ltr (1st):	
	<b>GBC 3487U - CC3/CTI16018033/H1yg3q2 ; 23/09/2016</b>	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> <b>Typist</b>
		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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: <u>LWP</u>	
Repair Cost: <u>L/S</u>	S\$ <u>11,300.00</u> ( <u>11</u> days) Reduction: <u>58</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <u>31.08.21</u> Confirm with <u>GERINE</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>24</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>12,091.00</u>	<u>OID EXIT FROM PARKING LOT HIT TP</u>	
Loss of Rental (LOR):	S\$ <u>1,300.00</u> ( <u>13</u> days) <u>X \$100</u>		
Loss of Use (LOU):	S\$ <u>-</u> (\$ <u>x</u> days)		
Loss of Income (LOI):	S\$ <u>-</u> (\$ <u>x</u> days)		
LOR only <input checked="" type="checkbox"/> LOU only <input 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\$ <u>-</u>	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$400</u>	
<b>Total:</b>	<b>S\$ <u>13,398.45</u></b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: <u>31.08.21</u> Confirm with: <u>GERINE</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>13,398.45</u> Name 1: <u>CAS GARAGE PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		