

INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 12/01/2021 Date / Time : 12/01/2021
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SBQ 8804G Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 09/01/2021 14:55 Place of Accident : PIE LAMP POST NO 722
 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**

SBQ 8804G → SFF 4442D → SKB 9073P → SJT 8248B



INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**



INSRS:
WSP: **KANG CAR**
Tel : **REPAIRERS**
Liability :
RMKS: **TP**



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SFF 4442D - CC6/AIG12022543/Ust2y ; 09.11.2012</u>	Non-Reporting ltr (1st):	
	<u>SBQ 8804G - X</u>	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"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by: LWP
Repair Cost: L/S S\$ 19,000.00 (21 days) Reduction: 50 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 08.12.21 Confirm with SHARON		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100%	
Repair Cost: w/GST S\$ 20,330.00		4VEH CC OI LAST	
Loss of Rental (LOR): w/GST S\$ 2,140.00 (20 days) X \$100			
Loss of Use (LOU): S\$ - (\$ x days)			
Loss of Income (LOI): S\$ - (\$ x 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\$ 2.00			
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: \$400	
Total: S\$ 22,472.00		Global Sum S\$:	
FINAL PAYMENT Date/Time: 08.12.21 Confirm with: SHARON		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 22,472.00	Name 1: KANG CAR REPAIRERS PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		