

INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 09/02/2021 Date / Time : 09/02/2021
 Registered in Merimen: 09/02/2021

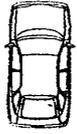
Pre-assign / CCU / FTE



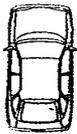
Insured Vehicle No. : GBE 5612B Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 07/02/2021 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

SMR 339A



INSRS:
WSP: **ISHARE AUTO**
Tel : **PTE. LTD.**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMR 339A - X	Non-Reporting ltr (1st):	
	GBE 5612B - CC4/AIG18013966/Keb3q2 ; 28.07.2018	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
05/04/2021	Pls refer to VIEWS for details.	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: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/sum	S\$ 8,000.00 (6 days) Reduction: 56 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 05/04/2021 Confirm with Michelle	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 8,000.00		
Loss of Rental (LOR):	S\$ 800.00 (8 days) x \$100.00		
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\$ 7.45		
Medical:	S\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settled	
Legal Cost	S\$ _____	2) Report Format: TP	
		3) Survey fee: \$320.00	
Total:	S\$ 8,807.45 Global Sum S\$: 8,800.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 8,800.00 Name 1: Ishare Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		