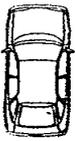


INS. CASE OWNER:

ASSIGNMENT

Surveyor: MARCUS DOI: 04.03.2021 Date / Time : 04.03.2021
 Registered in Merimen: 04.03.2021

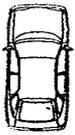
Pre-assign / CCU / FTE



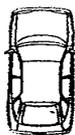
Insured Vehicle No. : GBK 8189E Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$ _____ D.O.A : 21.02.2021 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

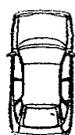
SLR 2815R



INSRS:
WSP: **FOCUS**
Tel : **AUTO**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLR 2815R - X	GBK 8189E - X
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
06/10/2021	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\$ 2,100.00 (3 days) Reduction: 50 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time 06/10/2021 Confirm with Jenny		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 2,247.00 S\$ 1,123.50		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): 240.00 S\$ 120.00 (\$ 60 x 4 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\$ 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\$ 1,279.95	Global Sum S\$: 1,250.00	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 1,250.00	Name 1: Focus Auto Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	