

INS. CASE OWNER:

CC4/LPC21008720/Kpa3q2

IDAC:

ASSIGNMENTSurveyor: KennethDOI: 31/08/2021Date / Time : 19/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YP 5176M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 19.08.2021

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**SLP 4438TINSRS:
WSP: **Esteem**
Tel : **Performance**
Liability : **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLP 4438T - CC6/AIG18021553/Ahb3q2 ; 26/11/2018	Non-Reporting ltr (1st):	
	CS/CTI18018658/Gvd3e2 ; 05/10/2018	Non-Reporting ltr (2nd):	
	NA/AIG18021397/h4 ; 26/11/2018	Non-Reporting ltr (Final):	
	NA/TMI20009764/z4 ; 11/09/2020	Notification ltr (if non-pickup):	
	YP 5176M - CC4/LPC17022322/Kja3n2; 20/11/2017	Call OI:	
	CS/LPC18001890/Kqbn2; 27/01/2018	After call ltr to OI:	
		Documentation Check List:	Handler Typist
24/11/2021	Pls refer to VIEWS for details.	Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/sum	S\$ 2,600.00 (4 days) Reduction: 53 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 24/11/2021 Confirm with Carmen	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,782.00		
Loss of Rental (LOR):	S\$ 267.80 (4 days) x \$66.95		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$400.00	
Total:	S\$ 3,057.25 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 3,057.25 Name 1: ESTEEM PERFORMANCE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		