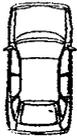


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: ADRIAN DOI: 07/09/2021 Date / Time : 02/09/2021  
Registered in Merimen: 02/09/2021

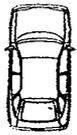
**Pre-assign / CCU / FTE**



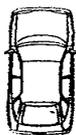
Insured Vehicle No. : GW 2418L Claim No. : 9585570451SG  
Name of Insured : BKW RENT A CAR PTE LTD Policy No. : 0999993731  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 29/08/2021 12:41 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : THARMAAN MURUGAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

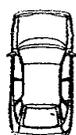
SKL 251Z →



INSRS:  
WSP: Auto N Cars  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	SKL 251Z - X	GW 2418L - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List: Handler 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>1,100.00</u> ( <u>2</u> days) Reduction: <u>59</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <u>25.02.22</u> Confirm with <u>DARLA</u>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>			If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>1,177.00</u>			<b>OID REVERSED AND HIT TP</b>	
Loss of Rental (LOR) <u>w/GST</u> S\$ <u>192.60</u> ( <u>2</u> days) x \$90				
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\$ -				
Medical: S\$ -				
Disbursement: S\$ - (e.g. Tow/ Independent )			1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Legal Cost S\$ -			2) Report Format: <u>TP</u>	
			3) Survey fee: <u>\$320</u>	
<b>Total:</b> S\$ <u>1,369.60</u>		<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time: <u>25.02.22</u> Confirm with: <u>DARLA</u>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>1,369.60</u>	Name 1:	<u>AUTO N CARS SERVICES (COMMERCIAL) PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			