

INS. CASE OWNER:

**ASSIGNMENT**

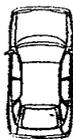
Surveyor: **MARCUS**

DOI: **27/12/2021**

Date / Time : **24/12/2021**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **YP 4451A**

Claim No. : **21/21/22/VC00/025286**

Name of Insured : \_\_\_\_\_

Policy No. : **Z/21/VC00/112234**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **23/12/2021**

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

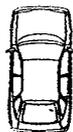
If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

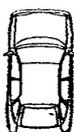
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

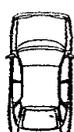
**SKN 355Y**



INSRS: \_\_\_\_\_  
WSP: **BORNEO MOTORS (S) PTE LTD**  
Tel : \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



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



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



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

Date/ Time	SKN355Y - X	YP 4451A - 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"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:	
Repair Cost: <b>P/P</b> S\$ <b>14,645.10</b> ( <b>6</b> days) Reduction: <b>31</b> %			Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>10/05/2022</b> Confirm with <b>Angela</b>			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>			If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>15,670.26</b>				
Loss of Rental (LOR): S\$ <b>1,200.00</b> ( <b>12</b> 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]				
<del>GIA/LTA Search</del> S\$ <b>131.29</b> <b>Medical Fee (Driver - Goh Aik Tong)</b>				
Medical: S\$ <b>107.79</b> <b>Medical Fee (Passenger - Ong Sew Lan)</b>			1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ (e.g. Tow/ Independent )			2) Report Format: <b>TP</b>	
Legal Cost S\$			3) Survey fee: <b>\$400.00</b>	
<b>Total: S\$ 17,109.34</b> <b>Global Sum S\$:</b>				
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ <b>17,109.34</b> Name 1: <b>Borneo Motors (S) Pte Ltd</b>				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				