

15/5/2010

CC6/AIG19004504/Ukb3

LKK:

INS. CASE OWNER:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLK9999J

Claim No. :

Name of Insured :

JESLINE KWEK SIEW LEE

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 09/03/2019

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

TP
SME3715X
Fastech

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time | 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: | | |
| | Documentation Check List: Handler Typist | | |
| | Notification ltr (if non-pickup) | <input type="checkbox"/> | <input type="checkbox"/> |
| | After call ltr to OI: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Authorisation To Act: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Release Voucher: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Final Repair Bill: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Car Rental Invoice: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| | LTA / GIA : | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | LOD | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Payment Breakdown Form: | | |
| | Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: Sent By: | | | |
| FINALIZATION Date/Time: Confirm with: Confirm by: | | | |
| Repair Cost: | L/S | S\$ 35,000.00 | (25 days) Reduction: 33,398/49 % Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT | | Date/Time: 9/6/2020 Confirm with SHIYING | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: | % 100 | (Agreed / Assessed) BOLA S/N No. : 28 | If NO or B 28, Ass. Lia : 0 |
| Repair Cost: (w/GST) | S\$ 37,450.00 | | 4 Vehicle chain collision, |
| Loss of Rental (LOR): | S\$ 3,200.00 | (32 days) x \$100 | Our Insured vehicle is the 3rd vehicle. |
| 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 + LO <input type="checkbox"/> | [Tick only one] | |
| GIA/LTA Search | S\$ 2.00 | | |
| Medical: | S\$ | | 1) Claim status: Normal/Reject/Invoice Same |
| Disbursement: | S\$ | (e.g. Tow/ Independent) | 2) Report Format: TP |
| Legal Cost | S\$ | | 3) Survey fee: \$320 |
| Total: | S\$ 40,652.00 | Global Sum S\$: 36,000 | |
| FINAL PAYMENT | | Date/Time: Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: | S\$ 36,000 | Name 1: FASTECH AUTO PTE LTD | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | |