

15/5/2010

INS. CASE OWNER:

CC 4/FW1900 5905 T2 e63

LKK:  
IDAC:

Surveyor: MTH

DOI: Assignment

Date / Time: 11/4/10

Registered in Merimen: 11/4/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SJW 9424H  
Name of Insured :  
Insured Tel No. :  
Excess Sec II :SS  
Is driver the owner? ( YES / NO )

Claim No. :  
Policy No. :  
Make / Model :  
Place 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

SG06895R



INSRS:  
WSP: ✓  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC
10/04/2020	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"/>
	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$S 1,512.00 ( 2 days) Reduction: 55 % Email  Call

FINAL SETTLEMENT Date/Time: 10/04/2020 Confirm with: Jeslyn Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST \$S 1,617.84

Loss of Rental (LOR): \$S 300.00 ( 3 days) x\$100

Loss of Use (LOU): \$S (S x days)

Loss of Income (LOI): \$S (S x days)

LOR only  LOU only  LOR + LOU  LOR + L.O  [Tick only one]

GIA/LTA Search \$S 7.45

Medical: \$S 102.97

Disbursement: \$S (e.g. Tow/ Independent )

Legal Cost \$S

Total: \$S 2,028.26 Global Sum \$S: 2,000.00

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$S 2,000.00 Name 1: VAG Singapore Pte Ltd

Payee 2: (Strike if N.A.) \$S Name 2:

Payee 3: (Strike if N.A.) \$S Name 3: