

INS. CASE OWNER:

CC 6/CT1 1900 5977 / U1d3n2

LKK:

IDAC:

ASSIGNMENT

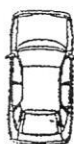
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

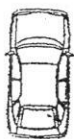
Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SLB 5278 A



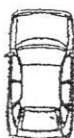
INSRS:

WSP:

Tel:

Liability:

RMKS:



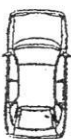
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SLB 5278 A - x ;

SLB 8992 G - MA/CT1 1900 5977 / 12 ; DOA: 31/4/19

23/7/19 FILE PASS TO TYPE MANDATE

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)

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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$ 6500.00

(5 days) Reduction: 73

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 27/7/2020

Confirm with Lina

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 07

Repair Cost: (w/65)

S\$ 6955.00

4 veh C.C. 07 was 2nd

Loss of Rental (LOR):

S\$ 360.00

(3 days) x \$120

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\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$400

Total:

S\$ 7317.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 7317.00

Name 1:

Fastech Auto Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: