

15/5/2010

CC6/AIG19011081/Akb3

LKK:

INS. CASE OWNER:

CC /AIG1900 /

IDAC:

ASSIGNMENT

Surveyor:

DOI:

21/06/2019

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ3671S

Claim No. :

Name of Insured : FULCO LEASING PTE LTD

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 19/06/2019

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: SML2915E
Tel :
Liability :
RMKS: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)	☐ ☐
	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:	L/S \$5,200 (6 days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 14/4/2020 Confirm with: Chris Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	\$5,564.00	
Loss of Rental (LOR):	\$ (- days)	
Loss of Use (LOU):	\$640.00 (\$ 80 x 8 days)	
Loss of Income (LOI):	\$ (- x - days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	\$7.45	
Medical:	\$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$ -	3) Survey fee: \$320
Total:	\$6,211.45 Global Sum \$5: 6,200	
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	\$6,200 Name 1: Green Forest Automobile Pte Ltd	
Payee 2: (Strike if N.A.)	\$ Name 2:	
Payee 3: (Strike if N.A.)	\$ Name 3:	