

15/5/2010

INS. CASE OWNER:

Wanie

CC 4 RSM AXA1901 9065, EPR

s3

LKK:

IDAC:

Surveyor:

STVB

DOI:

ASSIGNMENT

20/10/19

Date / Time :

20/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YQ 452T

Claim No. :

8400470 / 144169

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

5/10/19

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

GBJ 6467X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Systematic
Airconditioning

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
13/11/2020	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)	☐ ☐
	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: Confirm by:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: P/P	\$S 2,847.00 (5 days) Reduction: 26 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 13/11/2020 Confirm with Shah Email ☒ Call ☐		
Final Liability:	% 90 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 3,046.29	\$S 2,741.66	
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU): 750.00	\$S 675.00 (\$ 150 x 5 days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S (e.g. Tow/ Independent)	1) Claim status: Normal/ Project/Dispute/Carth
Legal Cost	\$S	2) Report Format: TP
Total:	\$S 3,416.66 Global Sum \$S: 3,400.00	3) Survey fee: \$350.00
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐		
Payee 1:	\$S 3,400.00 Name 1: Systematic Airconditioning Pte Ltd	
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S Name 3:	

w/GST