

15/5/2010

CC4/FCI19021541/Hbb3s2

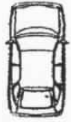
LKK:

INS. CASE OWNER:

IDAC:

Surveyor: H.A DOI: 6/12/19 Date / Time : 5/12/19
 Registered in Merimen: —

Pre-assign / CCU / FTE

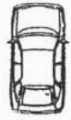
Insured Vehicle No. : SKO 67980Claim No. : 099007605 WFSHName of Insured : —Policy No. : —Insured Tel No. : — HP: —Make / Model : —Excess Sec II : \$ — D.O.A : 28/11/19Place of Accident : —Is driver the owner? (YES / NO) Nature of Accident : —If NO, Driver Name / Age : —

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

Driver Tel No. : —

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

cmp 37117
 INSRs: PICO
 WSP: 60
 Tel : —
 Liability : —
 RMKS: —

 INSRs: —
 WSP: —
 Tel : —
 Liability : —
 RMKS: —

 INSRs: —
 WSP: —
 Tel : —
 Liability : —
 RMKS: —

 INSRs: —
 WSP: —
 Tel : —
 Liability : —
 RMKS: —

Date/Time	STAGE	DATE / PIC
<u>cmp 37117 - 1</u>	<u>SKO 67980 - 1</u>	
	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:	☐
SETTLED AND CLOSED		

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/S</u>	\$ \$ <u>6,650.00</u>	(<u>8</u> days) Reduction: <u>10.04</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>21/05/2020</u>	Confirm with <u>YVONNE TEOH</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>21</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$ \$ <u>7,115.50</u>			
Loss of Rental (LOR):	\$ \$ <u>1,600.00</u>	(<u>10</u> days) X \$ <u>160.00</u>		
Loss of Use (LOU):	\$ \$ (\$ x days)			
Loss of Income (LOI):	\$ \$ (\$ x days)			
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	\$ \$ <u>36.45</u>			
Medical:	\$ \$			
Disbursement:	\$ \$ (e.g. Tow/ Independent)			
Legal Cost	\$ \$			
Total:	\$ \$ <u>8,751.95</u>	Global Sum \$ \$ <u>8,750.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$ \$ <u>8,750.00</u>	Name 1: <u>RICO 60 AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$ \$	Name 2:		
Payee 3: (Strike if N.A.)	\$ \$	Name 3:		

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$600.00

OID lost control and hit 2 parked vehicles

ASS. REC. BY:

REF: FCL

ASSIGNMENT

From:

Date:

6.12.2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SMP 37112

at Workshop m/s

R110 60 AUTO

of

8 Kaki Bukit Ave 4 #102-24

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMP 37112

Yr Regn: 26/08/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

JAGUAR XE-2.0

C.C. 1999

Colour:

Green

A/C: Insured / Std / NI / NA

Sp. Reading

018975km

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SAJAB4AG7HA954169

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/50/R17

R:

225/50/R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

57 mm

R/Bal.

57 mm

L/Bal.

5 mm

L/Bal.

5 mm

D.O.A.

28/11/19

D.O.I.

6/12/19

Survey held at

Rico 60 Ave.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

* pending workshop update price estimate *

SMP 37112

No limit

4v Estimate

MV - 99000

PV - 70039

NV - 28900

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format:

Lump Sum / F.B.C / C