

INS. CASE OWNER:

~~CC 4/FCI19021923/Ubb3s2~~

LKK:
IDAC:

Surveyor: marms DOI: 17/12/11 Date / Time: 11/1/12
Registered in Merimen: —

ASSIGNMENT

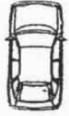
Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 228A Claim No. : D19007750MFSH
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$\$ _____ D.O.A : 51/1/11 Place 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

Sml 86614



INSRS: Rico
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>29/12/2020</u>	<u>SETTLED AND CLOSED / FILE IN DRAWER</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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____
Repair Cost: L/S \$S 3,100.00 (4 days) Reduction: 88.24 % Email Call

FINAL SETTLEMENT Date/Time: 24/12/2020 Confirm with YVONNE TEOH Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 1 If NO or B 28, Ass. Lia :
Repair Cost: (W/GST) \$S 3,317.00
Loss of Rental (LOR): \$S 700.00 (7 days) X \$100.00 **OID FROM SLIP ROAD**
Loss of Use (LOU): \$S (\$ x days)
Loss of Income (LOI): \$S (\$ x days)
LOR only LOU only LOR + LOU LOR + LO (Tick only one)
GIA/LTA Search \$S 36.45
Medical: \$S
Disbursement: \$S (e.g. Tow/ Independent)
Legal Cost \$S
Total: \$S 4,053.45 Global Sum \$S: 4,050.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$600.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: \$S 4,050.00 Name 1: RICO 60 AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.) \$S Name 2:
Payee 3: (Strike if N.A.) \$S Name 3: