15/5/2010

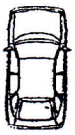
INS. CASE OWNER: KARON | CC 4/FCI190 22000, KLWB | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 31/12/19. Date / Time : 1/1/20.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7306E Claim No. : D19007675MFSH

Name of Insured : UTPL Policy No. : 018088/26MFSH

Insured Tel No. : HP: Make / Model : HYUNDAI

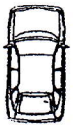
Excess Sec II :S$ D.O.A : 31/12/19 Place of Accident : THIS AYE TUNNEL

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : FOU YONG WEE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

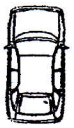
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJG 1505Z → SHA 7306E → SLN 6471J →



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS: 01



INSRS:
WSP: Esteem
Tel :
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLN 6471J - X
	SHA 7306E - CCC/MECHANICAL/GEAR OIL: 31/12
30/12/19	- MSIG AGREED TO DO DS
11/01/20	- FILE REVIEWED. OID INVOLVED IN A 3 VEH. C.C. 4 WAS THE 2ND CAR.
26/07/2020	- FCI INSTRUCTED TO SUBMIT WP REPORT - TO CLOSE CASE.

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: 24/12/19 Sent By: b3

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 786.95 (2 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0% (3 VEH. C.C., OID 2ND)
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — ($ x days)	WP REPORT NO SETTLEMENT FCI WILL HANDLE
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ —	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —	3) Survey fee: $190.00
Total:	**S$** — **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—