

T1bb3q2

15/5/2010

INS. CASE OWNER:

CC 4 / FCI190 2090, ~~17~~

LKK:
IDAC:

Surveyor: Tan Kah DOI: ASSIGNMENT Date / Time: 17/09/20
Registered in Merimen: 17/09/20

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9775M Claim No. : D19007903MFSH
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 19/11/19 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

X06901E →

	INSRS: WSP: <u>VFIX</u> Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:
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Date/ Time	STAGE	DATE / PIC
<u>X06901E</u>	Non-Reporting ltr (1st):	
<u>SHA 9775M</u>	Non-Reporting ltr (2nd):	
<u>-DIR</u>	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 type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input 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"/>

17/09/2020 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/S</u>	<u>S\$ 16,500.00</u>	(<u>7</u> days) Reduction: <u>63.10</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>16/09/2020</u>	Confirm with: <u>WENG SENG</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	<u>S\$ 17,655.00</u>		
Loss of Rental (LOR):	<u>S\$</u>	(<u> </u> days)	<u>OID rear-ended TP</u>
Loss of Use (LOU):	<u>S\$ 1,050.00</u>	(\$ <u>150</u> x <u>7</u> days)	
Loss of Income (LOI):	<u>S\$</u>	(\$ x <u> </u> days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	<u>S\$</u>		
Medical:	<u>S\$</u>		1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement:	<u>S\$</u>	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	<u>S\$</u>		3) Survey fee: <u>\$600.00</u>
Total:	<u>S\$ 18,705.00</u>	Global Sum S\$: <u>18,250.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	<u>S\$ 18,250.00</u>	Name 1: <u>VFIX AUTO PTE LTD</u>	
Payee 2: (Strike if N.A.)	<u>S\$</u>	Name 2:	
Payee 3: (Strike if N.A.)	<u>S\$</u>	Name 3:	