

15/5/2010

INS. CASE OWNER:

CC 4/FCI190

LKK:

IDAC:

Surveyor:

Bryan

DOI:

ASSIGNMENT

18/1/19

Date / Time :

17/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKA 1128J

Claim No. :

Name of Insured :

LTL

Policy No. :

018088926mpse

Insured Tel No. :

HP:

16/1/19

Make / Model :

Lexus

Excess Sec II :\$

D.O.A :

Place of Accident :

Mazda

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

SKA 7967P

INSRS:
WSP:
Tel :
Liability :
RMKS:

Lexus

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKA 7967P	Non-Reporting ltr (1st):	
SKA 1128J	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:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost:	\$S\$ 7,450.00 (6 days) Reduction: 50 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 27/03/2020 Confirm with: William Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	\$S\$ 7,971.50	
Loss of Rental (LOR):	\$S\$ 996.03 (9 days) X \$110.67	
Loss of Use (LOU):	\$S\$ - (\$ x days)	
Loss of Income (LOI):	\$S\$ 200.00 (\$ 50 x 4 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒	(Tick only one)	
GIA/LTA Search	\$S\$ -	
Medical:	\$S\$ -	1) Claim status: Normal Subject to Review
Disbursement:	\$S\$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$S\$ -	3) Survey fee: \$500
Total:	\$S\$ 9,167.53 Global Sum \$S\$ 9,100.00	
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	\$S\$ 9,100.00 Name 1: Chunni Motor Work Pte Ltd	
Payee 2: (Strike if N.A.)	\$S\$ - Name 2:	
Payee 3: (Strike if N.A.)	\$S\$ - Name 3:	