

INS. CASE OWNER: SALIHA

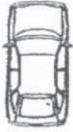
CC6/AIG20000763/Uka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/01/2020 Date / Time: 13/01/2020
Registered in Merimen: 13/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 723Y
Name of Insured : CHEMWORKS PTE LTD
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 11/01/2020
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : 4227327714SG
Policy No. : 1900151093
Make / Model : NISSAN CABSTAR-3.0 (M)
Place of Accident : ANG MO KIO AVE 5 TOWARDS CTE

If NO, Driver Name / Age : KRISHNAN MANIKANDAN
Driver Tel No. : +65-84081410 (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SGF 3306J



INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SGF 3306J - CB/AIG09016480/wz1; DOAI 27.05.06	Non-Reporting ltr (1st):	
GBE 723Y - X	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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/S S\$ 4,200</u> (<u>5</u> days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>23/4/2020</u> Confirm with <u>SHIYING</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) S\$ <u>4,494</u>		
Loss of Rental (LOR): S\$ <u>300</u> (<u>3</u> days) x \$100		
Loss of Use (LOU): S\$ _____ (\$ x days)		
Loss of Income (LOI): S\$ _____ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u>2.00</u>		
Medical: S\$ _____	1) Claim status: Normal/Reject/Private Battle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost S\$ _____	3) Survey fee: <u>\$320</u>	
Total: S\$ <u>4,796</u> Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>4,796</u> Name 1: <u>FASTECH AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

