

INS. CASE OWNER:

Merina Chia

IDAC:

ASSIGNMENT

Surveyor:

Taufik

DOI:

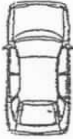
25/2/2020

Date / Time:

16/2/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 85960

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$ D.O.A : 20/02/2020

Place of Accident : Thomson Road

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

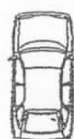
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJK 522J

INSRS:
WSP: Guan Motor Works
Tel :
Liability:
RMKS:INSRS:
WSP:
Tel :
Liability:
RMKS:INSRS:
WSP:
Tel :
Liability:
RMKS:INSRS:
WSP:
Tel :
Liability:
RMKS:

Date / Time

SJK 522J - CS/FCI10007567/Kfg9 ; 14/04/2020
- CS/FCI20003149/T1pa3q2 ; 25/02/2020

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

SHD 85960 - CS/FCI20003149/Apa3 ; 16/01/2020
- CS/FCI20003149/T1pa3q2 ; 25/02/2020

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 4,900.00 (7 days) Reduction: 55.19 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with Pang

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. 9a

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 4,900.00

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 480.00 (\$ 60 x 8 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total: S\$ 5,380.00

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$500.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 5,380.00

Name 1:

GUAN MOTOR WORKS

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: