15/5/2010

INS. CASE OWNER: KAREN TAN

CC4/FCI20004196/Ea3

~~CC4/FCI20004196/Ea3~~

LKK:

IDAC:

ASSIGNMENT

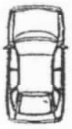
Surveyor: STEVE

DOI: 19/03/2020

Date / Time : 19/03/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1637X

Claim No. : D20001288MFSH

Name of Insured :

Policy No. : D-20094922MFSH

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 01/03/2020

Place of Accident :

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

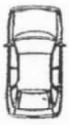
If **NO**, Driver Name / Age :

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

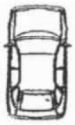
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

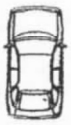
SGA 6488Z → → →



INSRS:
WSP: TRANS EUROKARS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGA 6488Z - X
	SHC 1637X - X
04/10/2022	SPOKE TO JESS - HE REQUESTED FOR EMAIL ON LIA CLEAR // THEN WANT TO ARRANGE FOR REPAIR? LIA EMAIL SENT IN YEAR 2020 // UNABLE TO TRACE
04/10/2022	CALLED KAREN AND UPDATE KAREN // WKSP REQUESTED FOR DS EMAIL. LKK WILL NOT PROVIDE // NOT SURE WKSP REPAIR // PROCEED TO TEMPORARY CLOSE FILE // WKSP X RESPONCE TO OUR EMAIL DD 03.10.2022

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ 2,992.60 (3 days) Reduction: $600/ 16 % Email ☐ Call ☐

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

Final Liability: P/P % 100 (Agreed / Assessed) BOLA S/N No. : 23 If NO or B 28, Ass. Lia :

Repair Cost: S$

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

Loss of Use (LOU): S$ ($ x days)

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

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

GIA/LTA Search S$ $130+$50+$21 = $201.00

Medical: S$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format: WP

Legal Cost S$ 3) Survey fee: $201.00

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:	