15/5/2010

INS. CASE OWNER: ~~CC6/FCI20005140/Aka3~~

LKK:

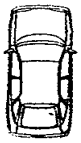
IDAC:

ASSIGNMENT CC6/FCI20005140/Apa3q2

Surveyor: ADRIAN DOI: 09/04/2020 Date / Time : 09/04/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3097R

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/04/2020

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident : JALAN BESAR TOWARDS BENCOOLEN STREET

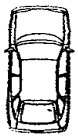
If **NO**, Driver Name / Age :

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

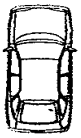
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

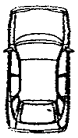
SMN 2995M → → →



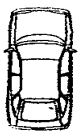
INSRS:
WSP:
Tel : ADVANCE AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMN 2995M - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
	SHC 3097R - CC3/AIG11022665/H1a2a3y 02/11/2011	Non-Reporting ltr (2nd):
	CC3/FCI14022221/K1gbd 26/11/2014	Non-Reporting ltr (Final):
	CS3/FCI14023034/Gqbk3 26/11/2014	Notification ltr (if non-pickup):
		Call OI:
17/12/2020	Pls refer to VIEWS for details.	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/sum	S$ 3,700.00 (4 days) Reduction: 58 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/12/2020	Confirm with Xaiver	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,700.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 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$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 4,000.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,000.00	Name 1: Advance Auto Garage	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	