

INS. CASE OWNER:

CC6/FCI20005523/Uga3

IDAC:

ASSIGNMENTSurveyor: MARCUSDOI: 04/05/2020Date / Time : 04/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHA 4457P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 30/04/2020

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****SBB 1168J**INSRS:
WSP:
Tel : **FASTECH**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SBB 1168J - NA/LIP20005516/h4 30/04/2020 CC6/AXA13016844/Av1m3c3 07/09/2013	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	SHA 4457P - CC3/AIG13022797/H1ha3q2 01/12/2013 NA/LIP20005516/h4 30/04/2020 NBA/INC15008206/Y 12/05/2015	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:REPAIR LIMIT	S\$ 20,000.00 (10 days) Reduction: 32,412.45 % 61	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>13/01/2021</u> Confirm with <u>JASON</u>	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 21,400.00 W/GST		
Loss of Rental (LOR):	S\$ (days)	(OI TURNING RIGHT AT CONTROLLED JUNCTION, TP DRIVING STRAIGHT IN OPP DIRECTION ROAD)	
Loss of Use (LOU):	S\$ 800.00 (\$ 80 x 10 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: 600.00	
Total:	S\$ 22,200.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 22,200.00 Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		