15/5/2010

INS. CASE OWNER:

~~CC4/AIG20005620/Kka3~~

LKK:

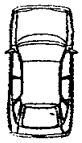
IDAC:

ASSIGNMENT CC4/AIG20005620/Kpa3

Surveyor: KENNETH DOI: 11/05/2020 Date / Time : 08/05/2020

Registered in Merimen: 08/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 2676L Claim No. : 8335396704SG

Name of Insured : RAMA CHANDRAN S/O SUPRAMANIA Policy No. : 1800088598

Insured Tel No. : HP: 97987503 Make / Model : MITSUBISHI OUTLANDER-2.0 (A)

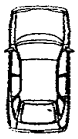
Excess Sec II :S$ D.O.A : 07/05/2020 Place of Accident : ALONG SHENTON WAY

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

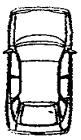
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

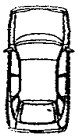
SMQ 5590L → → →



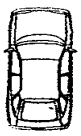
INSRS:
WSP: ESTEEM
Tel : PERFORMANCE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMQ 5590L - X SMD 2676L - X	
18/05/2021	Pls refer to Views for details.	

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: P/P S$ 2,626.54 (5 days) Reduction: 43 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/05/2021 Confirm with Carmen Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,810.40	
Loss of Rental (LOR):	S$ 594.65 (7 days) x $84.95	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.48	
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: $320.00
Total:	**S$** 3,412.53 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 3,412.53	Name 1:	ESTEEM PERFORMANCE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	