

INS. CASE OWNER: Saliha

CC6/AIG20005638/Uba3

IDAC:

ASSIGNMENTSurveyor: MARCUSDOI: 11/05/2020Date / Time : 11/05/2020Registered in Merimen: 11/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SGD 8848PClaim No. : 2849447639SGName of Insured : TAY HSIUNG JREN, RYANPolicy No. : 2100458543Insured Tel No. : _____ HP: 94506147Make / Model : SUBARU FORESTER-2.0 I-L (SJ) (A)Excess Sec II :S\$ _____ D.O.A : 11/05/2020Place of Accident : CTE EXIT MOULMEINIs driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**GBE 8912RINSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

GBE 8912R - NA/MSG19022965/h4 30/12/2019**STAGE****DATE / PIC**SGD 8848P - X

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 TypistNotification 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: ☐ ☐**14/08/2020 SETTLED AND CLOSED****PRELIMINARY ADVICE** Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 6,300.00 (7 days) Reduction: 37.20 %Email ☐ Call ☐**FINAL SETTLEMENT** Date/Time: 14/08/2020 Confirm with LINAEmail ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 6,741.00

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

OI rear-ended TP.Loss of Use (LOU): S\$ 560.00 (\$ 80 x 7 days)

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

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]GIA/LTA Search S\$ 2.00

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\$ 7,303.00 **Global Sum S\$: 7,300.00****FINAL PAYMENT**

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: S\$ 7,300.00

Name 1:

FASTECH AUTO PTE LTD

Payee 2: (Strike if N.A.) S\$ _____

Name 2:

Payee 3: (Strike if N.A.) S\$ _____

Name 3: