

INS. CASE OWNER:

CC4 /AIG 2000 8624 / Kes3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth

DOI: 24/08/2020

Date / Time : 18/08/2020

Registered in Merimen: 18/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 9359H
 Name of Insured : KANCHAN HARICHANDRA BUDHRANI
 MRS KANCHAN MANOJ MUR

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 14/08/2020

Place of Accident : _____

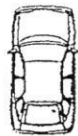
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

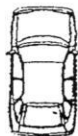
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

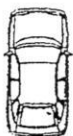
SML 8864D



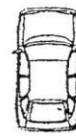
INSRS:
WSP: MUNICH
Tel : AUTOCARE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SML 8864D : X	Non-Reporting ltr (1st):	
SLF 9359H : NA/CTI20008412/z4 ; DOA : 12/08/2020	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S S\$ 4,800.00 (4 days) Reduction: 63 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 16.04.21 Confirm with ANGELA	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 5,136.00 OI REAR ENDED TP		
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 240.00 (\$ 60 x 4 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	
Total: S\$ 5,378.00 Global Sum S\$:		
FINAL PAYMENT Date/Time: 16.04.21 Confirm with: ANGELA	Email ☐ Call ☐	
Payee 1: S\$ 5,378.00 Name 1: MUNICH AUTOCARE PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		