

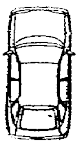
INS. CASE OWNER:

CC6/AIG20010021/Upa3

IDAC:

ASSIGNMENTSurveyor: MARCUS

DOI: _____

Date / Time : 18/9/2020Registered in Merimen: 18/9/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SKS 1074A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/9/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

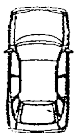
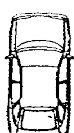
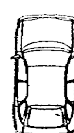
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SJX 4009EINSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SKS 1074A - X

SJX 4009E - X

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:

28/12/2020

Pls refer to VIEWS for details.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sumS\$ 4,500.00 (5 days) Reduction: 71 %Email ☐ Call ☐**FINAL SETTLEMENT**Date/Time: 28/12/2020Confirm with JasonEmail ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: w/GSTS\$ 4,815.00

Loss of Rental (LOR):

S\$ (days)

Loss of Use (LOU):

S\$ 360.00 (\$ 60 x 6 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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/~~Reject/Printed/Settle~~2) Report Format: TP3) Survey fee: \$320.00**Total:**S\$ 5,177.00Global Sum S\$: 5,100.00**FINAL PAYMENT**

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1:

S\$ 5,100.00

Name 1:

FASTECH AUTO PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: