15/5/2010

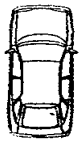
INS. CASE OWNER: JEREMY GOH | CC4/AIG20012790/pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20/11/2020

Registered in Merimen: 20/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJU 7862D | Claim No. : 8303064081SG

Name of Insured : SHANTHI D/O KAKKANUR THANDAPANI SHANMUGAM | Policy No. : 1700031881

Insured Tel No. : _____ HP: _____ | Make / Model : MERCEDES-BENZ C180

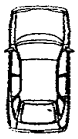
Excess Sec II :S$ _____ D.O.A : 18/11/2020 13:00 | Place of Accident : ALONG BEGONIA RD TWD BEGONIA DR

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

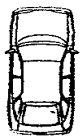
If **NO**, Driver Name / Age : SHANTHI D/O KAKKANUR THANDAPANI SHANMUGAM | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

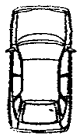
SKV 3655U → _____ → _____ → _____



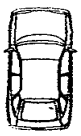
INSRS: CARIS AUTOWORKS PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKV 3655U - X		
	SJU 7862D - CC3/AIG12020793/R1k1t2y ; 08.10.2012	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: L/SUM S$ 8,900.00 (6 days) Reduction: 50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17/3/2021 Confirm with SHERI Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,900.00	
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$ 7.45	
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$** 9,267.45 **Global Sum S$:**	

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

Payee 1:	S$ 9,267.45	Name 1:	CARIS AUTOWORKS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	