

INS. CASE OWNER:

ASSIGNMENTSurveyor: TaufikhDOI: 13-Jan-2021Date / Time : 12/01/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SKQ 4451KClaim No. : S1M030C4Name of Insured : TAN BENG TECKPolicy No. : GA077631

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 10/01/2021 14:18Place of Accident : 121 BEDOK RESERVOIR ROAD
KE1/KE2 OPEN CARPARK

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

If NO, Driver Name / Age :

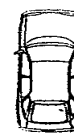
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKS 7465RINSRS:
WSP: RICO 60 AUTO
SERVICES
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SKS 7465R - NA/DAI18006878/z4 ; 13/04/2018</u>	Non-Reporting ltr (1st):	
	<u>NA/MSG16005805/h4; 29/03/2016</u>	Non-Reporting ltr (2nd):	
	<u>SKQ 4451K - X</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>21/09/2021</u>	<u>Pls refer to VIEWS for details.</u>	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: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/sum</u>	S\$ <u>4,200.00</u> (<u>4</u> days) Reduction: <u>70</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>21/09/2021</u> Confirm with <u>Prescelia</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>22</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>4,494.00</u>		
Loss of Rental (LOR):	S\$ <u>500.00</u> (<u>5</u> days) x \$100		
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\$ <u>36.45</u>		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>5,030.45</u> Global Sum S\$: 5,000.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>5,000.00</u> Name 1: <u>RICO 60 AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		