15/5/2010

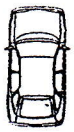
INS. CASE OWNER: RACHEL WU | CC4/FCI21003990/Kra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 29/03/2021 Date / Time : 29/03/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 2242U Claim No. : D21000951MCVT

Name of Insured : Policy No. : D-20096291MCVT

Insured Tel No. : HP: Make / Model :

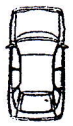
Excess Sec II :S$ D.O.A : 25/03/2021 13:00 Place of Accident : JUNCTION OF WOODLANDS AVE 9 AND WOODLANDS LOOP

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

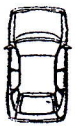
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

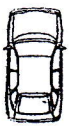
SHC 5659G → → →



INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 5659G - CC4/AIG08025310/DDh ;13/09/2008 XE 2242U - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	TO SUBMI WP ONLY	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
05/07/2021	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT WP AS PER FCI INSTRUCTIONS	**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$ 7,300.00 (4 days) Reduction: 64 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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$		
Medical:	S$		1) Claim status: ~~Manual/Reject/Private Settle~~ WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: 460.00
Total:	**S$**	**Global Sum S$:**	$170.00 + $165.00 + $25.00 + $50.00 + $50.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	