15/5/2010

INS. CASE OWNER: MERINA CHIA | CC4/FCI21004572/Ura3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 12/04/2021

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : XD 5867C Claim No. : D21001136MFVS

Name of Insured : Policy No. : D-21097028MFVS

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 08-04-2021 Place of Accident : CLEMENTI ROAD TWRDS ULU PANDAN ROAD

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**

YM 7628D → → →

INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YM 7628D - CC2/MIDA13014053/z ; 31.07.2013 XD 5867C - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
03/05/2021	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT WP REPORT AS PER FCI INSTRUCTION	After call ltr to OI:	
4/5/2021		**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$ 10,000.00 (6 days) Reduction: 69 % 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$		1) Claim status: ~~Normal/Reject/Private Settle~~ WP
Medical:	S$		2) Report Format: TP
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee: ~~740.00~~
Legal Cost	S$		$170 + $330 + $148 +$50 + $50 = ~~$748~~ 798
Total:	**S$**	**Global Sum S$:**	+50

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:	