

15/5/2010

CC6/CTI21007638/Kea3q2

LKK:

INS. CASE OWNER:

~~CC6/CTI21007638/Kea3~~

IDAC:

ASSIGNMENT

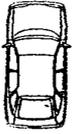
Surveyor: Kenneth

DOI: 13/07/2021

Date / Time : 14/07/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJF 5888Y

Claim No. : SNM21D203836/C02/SJF5888Y/CHEESC

Name of Insured : MURALI KRISHNA CHITRADA

Policy No. : DMPCNSNA00082752105

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 10/07/2021

Place of Accident : \_\_\_\_\_

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

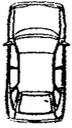
If NO, Driver Name / Age :

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

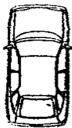
Driver Tel No. : \_\_\_\_\_ (V/L:  YES / NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

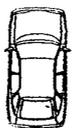
SMX 9804H



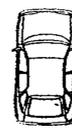
INSRS:  
WSP: THIAM HENG HUAT  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	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:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: <b>KSC</b>		
Repair Cost: <b>L/S</b> S\$ <b>3,450.00</b> ( <b>4</b> days' Reduction: <b>73</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: <b>03.11.21</b> Confirm with <b>STEVEN</b> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b> If NO or B 28, Ass. Lia :		
Repair Cost: <b>w/GST</b> S\$ <b>3,691.50</b> <b>OI REAR ENDED TP</b>		
Loss of Rental (LOR): S\$ <b>600.00</b> ( <b>6</b> days) X \$100		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LC <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <b>7.45</b>		
Medical: S\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ - (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>
Legal Cost S\$ -		3) Survey fee: <b>\$400</b>
<b>Total:</b> S\$ <b>4,298.95</b> <b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time: <b>03.11.21</b> Confirm with: <b>STEVEN</b> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <b>4,298.95</b> Name 1: <b>THIAM HENG HUAT PTE LTD</b>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		