

15/5/2010

INS. CASE OWNER:

CC4/ASM22001721/Ues3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Marcus

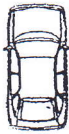
DOI:

22/02/2022

Date / Time : 22/02/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMZ 9929X

Name of Insured : ARUNAGIRI S/O DORAIAKANNAN

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A : 21/02/2022

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

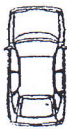
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SKX 6790G

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
	SKX 6790G : CC3/AIG16024714/Aeb3q2 ; DOA : 25/12/2016	
	SMZ 9929X : X	
24/02/2022	OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL	
	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: Confirm with: Confirm by: CKS		
FINALIZATION Date/Time: Confirm with: Confirm by: CKS		
Repair Cost: L/S S\$ 9,300 (5 days' Reduction: 63 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: Confirm with RED: \$16,807.90 Email ☐ Call ☐		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	survey fee: \$410
Loss of Rental (LOR):	S\$ (days)	trip: \$150
Loss of Use (LOU):	S\$ (\$ x days)	photo: \$107
Loss of Income (LOI):	S\$ (\$ x days)	admin fee: \$80
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$	1) Claim status: Normal/Reject/Private Settle
Medical:	S\$	2) Report Format: TP
Disbursement:	S\$ (e.g. Tow/ Independent)	3) Survey fee: \$747
Legal Cost	S\$	
Total:	S\$ Global Sum S\$:	
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:	

** INDEPENDENT REPORT