15/5/2010

INS. CASE OWNER:

CC4/TP22001721/Uea3q2

~~CC4/ASM22001721/Ues3~~

LKK:

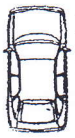
IDAC:

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 DORAIKANNAN

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. :

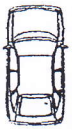
Make / Model :

Place of Accident :

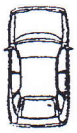
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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	
	SKX 6790G : CC3/AIG16024714/Aeb3q2 ; DOA : 25/12/2016
	SMZ 9929X : X
24/02/2022	- OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL

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:	

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: 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 ☐ Cal ☐

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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 + LO ☐ **[Tick only one]**
GIA/LTA Search	S$	
Medical:	S$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	**S$**	**Global Sum S$:**

If NO or B 28, Ass. Lia :
survey fee: $410
trip: $150
photo: $107
admin fee: $80

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $747 OSP 16/3/22

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

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